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Together We Heal

2001 Annual Report NewYork-Presbyterian Hospital

NewYork-Presbyterian
The University Hospitals of Columbia and Cornell

A Family Recovers:
Brian Reeves (right), a 9/11 survivor, with his father and son.

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On the Cover:
September 11, 2001 was Brian Reeves' one-year anniversary as a security supervisor with the World Trade Center. As he rushed to move out of harm's way, his thoughts were on his seven-year-old son, Bryton. That saved his life. "We are blessed that Brian is still with us," says his father, Augustine Reeves.

Together
We Heal

There is no doubt that the year 2001 will be inextricably linked to the tragic events of September 11. The message we want to share with our patients, our staff and our friends around the world is one that is touched by sadness but filled with hope. We dedicate this annual report to the thousands of individuals at New York-Presbyterian—at every level of the organization—who opened their hearts, donated their time and resources, and contributed their spirit to the healing of our community.

Herbert Pardes, M.D., President and CEO, and John J. Mack, Chairman of the Board of Trustees, in the EMS Command Center of NewYork-Presbyterian manned by EMS communications specialists Thomas Calimano and Peter Garofolo.

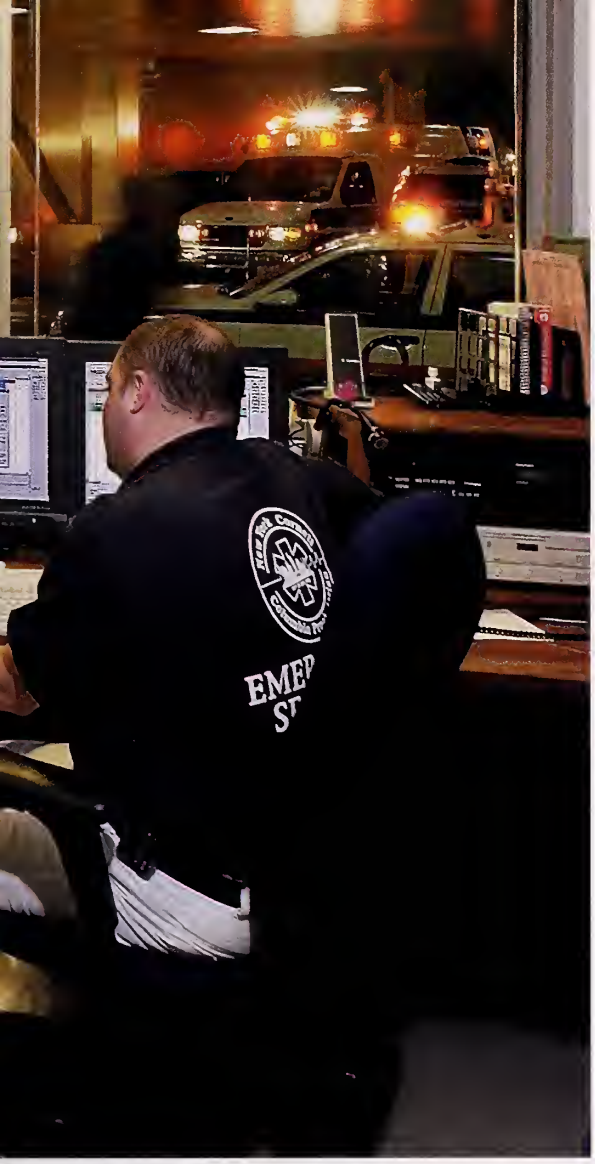
Leadership Report

We should all take great pride in NewYork-Presbyterian's accomplishments over the past year. It was one of the Hospital's strongest years financially. We saw many operational goals come to fruition. And we enhanced clinical programs through the recruitment of nationally renowned medical leaders and the renovation of patient care facilities.

What we will remember most of 2001, however, will be the response of the entire Hospital community during the aftermath of September 11. We were profoundly saddened by the loss of three of our own paramedics—Keith Fairben, Mario Santoro, and James Pappageorge—and our hearts go out to their families, friends and co-workers. In the face of a horrendous tragedy affecting an entire nation, our employees demonstrated a singular strength that gave us hope. As we look to the future, we are reminded that their unity, resiliency, expertise, compassion, and commitment are the qualities that enable NewYork-Presbyterian to continue to focus on becoming one of the best academic medical centers in the world.

Indicators of Excellence

Each year, *U.S. News & World Report* evaluates thousands of hospitals across the country—a study that is considered one of the nation's most thorough and reliable measures of medical quality. In 2001, NewYork-Presbyterian was named to the magazine's Honor Roll of America's best, joining only 15 other institutions nationwide and the only New York metropolitan area hospital to be so distinguished.



In the wake of September 11, NewYork-Presbyterian employees demonstrated a singular strength that gave us hope.

America's Top Doctors, a survey published by Castle Connolly Medical Ltd., named 188 physicians from NewYork-Presbyterian—more than any other hospital in the nation. And nearly a quarter of the 1,500 physicians listed in *New York* magazine's "Best Doctors" issue were from NewYork-Presbyterian Hospital and its Healthcare System—221 doctors from the Hospital and 339 physicians System-wide were chosen from 60,000 doctors who practice in the greater metropolitan area.

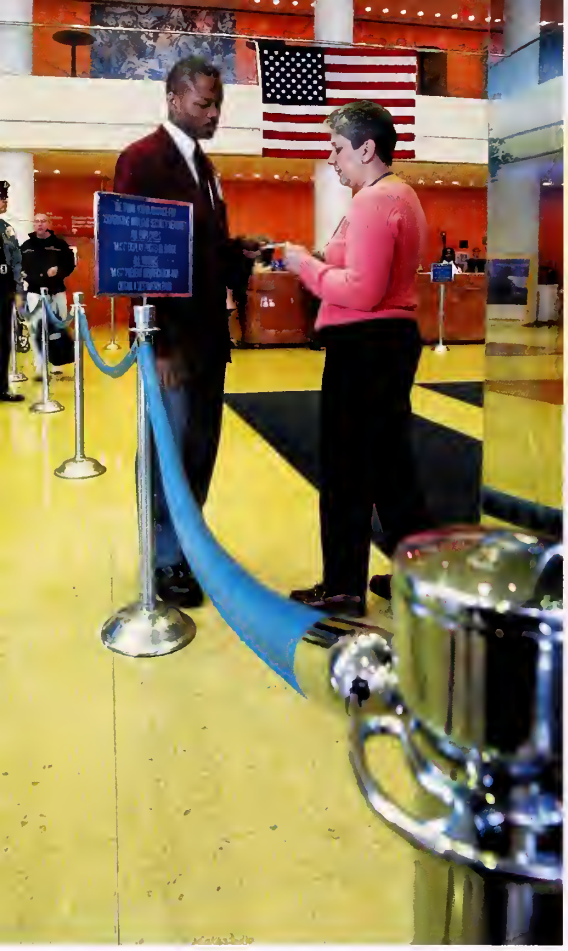
Another hallmark of excellence can be found in NewYork-Presbyterian's residency programs. In 2001, resident choices were matched with the Hospital's choices at a rate of 98.6 percent—greater than for all U.S. hospitals except one.

In view of these achievements, it is not surprising that the media routinely turn to the Hospital as a health care authority. In 2001, physicians and health care professionals of NewYork-Presbyterian were featured, quoted or mentioned 14,800 times on television and radio and in newspapers and magazines across the country.

Enhancing Clinical Care

In partnership with Columbia and Weill Cornell, we have one of the highest numbers of clinical researchers of any institution in the United States. The Hospital continues to push the frontiers of medicine, making astonishing advances medically and surgically that will benefit patients around the world. In 2001, NewYork-Presbyterian's cardiac surgeons performed the first robotically assisted atrial septal defect repair heart surgery in the country. They continue to explore the potential of robotically assisted surgery and are participating in a national trial investigating totally endoscopic coronary artery bypass grafting. Columbia Presbyterian was the lead institution for a landmark study that offered the first proof that the left ventricular assist device (LVAD) can lengthen and improve the lives of terminally ill heart-failure patients.

Last year, we took several steps to reinforce our efforts to provide the highest quality of care to patients, including the recruitment of several nationally recognized physician leaders. Among them are: Jeff Milsom, M.D., who is developing an outstanding clinical, research and education program in colorectal surgery; Craig K. Kent, M.D., who is leading a program in vascular surgery across both campuses, strengthening vascular programs System-wide and creating one of the finest networks of vascular surgeons in the nation; and Marc Patterson, M.D., who has joined us to direct pediatric neurology at



Security measures at the Hospital were stepped up after 9/11. At Columbia Presbyterian, security guard Paris Thomas (foreground) requests identification from an employee. At rear, security guard Angel Melendez keeps watch over the main entrance.

NewYork Weill Cornell. Joshua R. Sonnett, M.D., has taken on the role of surgical director of the lung transplant program at Columbia Presbyterian, while Joy Hirsh, M.D., and Truman Brown, M.D., are significantly increasing our capability in MRI imaging.

The service line concept —in which patient care is organized around disease entities—is working well. In fact, service lines constitute an increasing percentage of our discharges and revenues. In the past year, the Hospital has added digestive disease, women's health and preventive medicine to the previously established cardiac, neurosciences, oncology, psychiatry and transplant service lines. The development of service lines has enabled us to extract great value from the merger, assisting in the ongoing efforts to strengthen programs across campuses, promoting collaboration among different specialties, encouraging the exchange of ideas for new programs or strategies, as well as allowing integrated services to be developed, best practices to be shared, and basic and clinical research to be advanced.

We also launched a major effort under the Office of External Relations to attract support from government and foundation sources for programs that enhance health care outcomes. With the support of $2.2 million in federal grants, we are developing a system using information technology to address preventable medical errors. Another grant is helping community residents maintain their health and insurance status using secure Web-based technology.

Together with our academic affiliates, Columbia University College of Physicians & Surgeons and Weill Cornell Medical College—which both ranked in the top 11 in *U.S. News & World Report's* medical school rankings—we have the required breadth and depth of research, education and clinical skills to develop and deliver comprehensive, high quality, cutting-edge care.

A Focus on Facilities

Many facilities throughout the Hospital have been upgraded in 2001 in order to better serve patients, and a major overhaul of NewYork-Presbyterian's infrastructure has begun.

At Columbia Presbyterian, we held the dedication of the Herbert Irving Pediatric and Adolescent Oncology Center—a comforting and spacious environment where children and teens with cancer receive compassionate medical treatment. We opened a new Endoscopy and Bronchoscopy Suite, which can accommodate 23,000 patients a year—nearly double the previous volume. The new Beverly and Arthur Shorin Comprehensive Outpatient Transplant Center has made the evaluation, diagnostic and treatment process much easier for patients who can now receive coordinated care in this state-of-the-art facility.

In early January 2002, staff and supporters gathered for the topping-out ceremony for the new building that will house the Morgan Stanley Children's Hospital of NewYork-Presbyterian. The nine-story, 250,000-square-foot facility will be one of the largest and most technologically advanced children's hospitals in the world when it opens in 2003.

The Allen Pavilion also had a productive year. In addition to beginning expansion of its emergency department, it added a community-based ambulance service, installed new technology for its information system and laboratory results reporting process, and completed construction of a new kitchen to improve food service delivery.

At NewYork Weill Cornell, we expanded the Post Anesthesia Care Unit of the Iris Cantor Ambulatory Surgery Center and dedicated a newly renovated Ambulatory Oncology Suite, which provides comprehensive services for ambulatory patients with blood

diseases or cancer. The Adult and Pediatric Centers for Special Studies have undergone renovation to accommodate additional family-centered services, including primary, gynecological and psychiatric care. We began construction on a 22-bed inpatient rehabilitation unit, and we received approval for two new MRI units and a new CT scanner designated for the lung cancer screening program.

The Hospital recently celebrated the opening of the Iris Cantor Women's Health Center, one of the most comprehensive and highest quality medical facilities for women in the world. This extraordinary facility brings together specialists in internal medicine, cardiology, dermatology, gastroenterology, infectious disease, gynecology and neurology. It also houses a breast center and an imaging center, and offers osteoporosis testing, mammography, physical therapy and nutrition counseling.

The Westchester Division opened The Retreat, a private substance abuse unit primarily for adolescents.

In the days following 9/11, NewYork Weill Cornell social workers, including Joseph Desiderio, Roy Oldperson and Samantha Tureck, helped staff the information desk to respond to families who were searching for loved ones.

Improving Labor Relations

In the past several years, collaboration between staff and administration has improved tremendously. It is particularly telling that we were able to settle on a new contract for Columbia Presbyterian nurses with the New York State Nurses Association before the expiration date. In the past year, we increased our nursing staff by more than 180 nurses and have maintained a modest vacancy rate in nursing positions. We are very proud of our staff. We recognize that nurses are the backbone of the Hospital and the early settlement of the contract and our recruitment and retention rate testify to a productive and satisfying relationship and serve as a harbinger of strengthened labor relations throughout the Hospital.

Patients as Customers

Developing a culture that is recognized for service excellence is of utmost importance to us. To accomplish this, we have established a Department of Service Improvement and Patient Centered Systems and enlisted input from managers and employees for ideas on behaviors that exemplify good customer service and help to instill a positive impression. As a result, behavioral principles have been identified that are the cornerstone of a customer service program and are now being introduced through training seminars, in recruitment activities, during performance appraisals, and in orientation programs.

To evaluate the impact of these and other initiatives, as well as to identify areas of need and guide future efforts, a nationally recognized patient satisfaction measurement system has been incorporated into our customer service efforts.

A System of Quality

The NewYork-Presbyterian Healthcare System, through the strong foundation of our academic medical center, has taken a leadership posture in creating a "quality signature." The work over the past year has included the initial iteration of a *System Standards Initiative:* member performance reports consisting of clinical, financial and operational indicators. These efforts have allowed us to better focus on our quality efforts. This year also saw enhanced clinical integration, the growth of several new System clinical programs, and significant accomplishments on the part of the Medical Director's forum in the

An expert in preventive cardiology, Lori Mosca, M.D., M.P.H., Ph.D., and her staff launched a Post-Disaster Heart Attack Prevention Program designed to screen and educate New York residents about the risk of cardiovascular disease in the wake of September 11.

establishment of clinical consensus statements and best practices. The System also held its first annual Quality Retreat hosting approximately 150 senior board, administrative, and clinical participants from our System members. System management has played a significant role in helping reengineer process and performance in member institutions to promote more efficient and cost-effective operations.

Strengthening Our Financial Position

We were pleased with financial results for the year 2001. The Hospital turned an initial budget projection of a $10 million loss into a $2 million gain while also absorbing $10 million in losses related to the September 11 disaster. This $22 million turnaround was the result of a concerted team effort to increase revenues, manage costs, find new operational efficiencies, and collect reimbursement for services provided. The leverage we get from the merger is being used in intense negotiations with managed care companies by our finance team, resulting in better rates and more favorable interpretation of certain contract provisions. With the establishment of a task force focused on improving ambulatory care registration and billing procedures, we are capturing more revenue. We have also concentrated efforts on reducing length of stay, facilitating the transfer of patients to the most appropriate care setting.

An Advocate and an Authority

NewYork-Presbyterian Hospital continues to work at the national level to preserve Medicare and Medicaid reimbursement and advocate for health policies that will improve revenues supporting health care. Government leaders solicit our opinions and advice on health policy and finance matters. Several key members of Congress, including the chairs of the Senate Finance Committee, the Senate Appropriations Committee, the House Appropriations Committee and the Health Subcommittee of the House Ways and Means Committee have visited the Hospital to discuss health care financing and policies. In January 2002, Governor George Pataki came to NewYork-Presbyterian to sign the Health Care Workforce Recruitment and Retention Act into law. In selecting the Hospital for the signing of this important legislation, Governor Pataki lauded NewYork-Presbyterian as "one of the best health care facilities anywhere in the world." A month later, Senator Hillary Clinton came to the Hospital for a press conference advocating on behalf of academic teaching hospitals and speaking out about impending cuts in government funding.

Continuing to Rise to the Challenges

In a very difficult time, our staff, trustees, volunteers and supporters enabled the Hospital to move forward. Our friends and donors generously renewed their commitment to NewYork-Presbyterian Hospital, contributing $85 million and bringing the total dollars raised during the past two years to $200 million. Our Board of Trustees, which welcomed six new members, continued to guide us and apply its diverse expertise to help the Hospital fulfill its mission in patient care, medical education and research. Patients in increasing numbers seek our medical expertise; prominent physicians come here to work at the height of their careers; and politicians and community leaders seek our ideas and recommendations to address health care issues of national importance.

As we look to the future, we have no shortage of challenges. We believe, however, that NewYork-Presbyterian Hospital, in partnership with its two medical schools, will push continually for excellence in health care and help set the standards for 21st century medicine.

John J. Mack
Chairman
Board of Trustees

Herbert Pardes, M.D.
President and
Chief Executive Officer

Saving Lives
Restoring Health

September 11, 2001 was a defining moment in world history. And while it was a day that time seemed to stand still, people rapidly came together in acts of heroism and kindness—great and small. As the magnitude of the attack on our nation became apparent, NewYork-Presbyterian Hospital went into full disaster mode, with staff mobilizing to prepare for the thousands of victims who would never come and save the lives of the hundreds who did.

"Every single person wanted to help," says Herbert Pardes, M.D., President and CEO, NewYork-Presbyterian. "While our EMS workers transported the victims, and our physicians and health professionals cared for the casualties, the Hospital's lobbies filled with employees and community residents lining up to give blood. Our Food Services Departments provided free meals for staff. Social workers set up phone banks to answer questions from anxious families. Our Volunteer Department deployed volunteers wherever they were needed. And, throughout the long days and weeks that followed, we all turned to each other for solace and support."

As the nation continues to recover from the events of September 11, NewYork-Presbyterian Hospital takes this opportunity to introduce you to some of the departments that not only played a major role during that time, but save lives and restore health on a daily basis. In the midst of tragedy, together we can heal. With healing, hope takes hold. And when there is hope, life can go on.

Not only have we been more closely united as a family, we also find ourselves with a heightened awareness on the job—alert in a different way when we are called to an emergency.

Emergency **Response**

There is no such thing as a normal day for the men and women who make up the Emergency Medical Services unit of NewYork-Presbyterian. They never know what type of emergency they will be called to act upon, how many patients they will meet in a day, or who will live or die. They treat complete strangers with exceptional kindness and sensitivity. And they are skillfully trained to revive and stabilize patients, providing vital information to the receiving hospital during transport.

It is a given that paramedics are always ready for the unexpected. However, no amount of training and exposure to tragedy prepared these workers for what they would face on September 11. The Hospital had 23 EMS rescue workers in the immediate vicinity of the World Trade Center when the towers collapsed —two full-time and one part-time rescuer lost their lives at the scene. And while silently mourning their co-workers, these extraordinary individuals continued to triage and transport victims.

"This is a tight-knit group of people who are totally dedicated to what they do," says Jack Delaney, Director, Emergency Services, NewYork-Presbyterian Hospital. "What made 9/11 particularly devastating for them is that, in our field, you're supposed to be going in to save lives. Instead we found ourselves needing to save our own. This is something they've gone over in their minds many times."

"We've all been changed by 9/11," says Michael Koppel, an EMT who has been with the Hospital since 1987. "Not only have we been more closely united as a family, we also find ourselves with a heightened awareness on the job—alert in a different way when we are called to an emergency."

The Hospital's EMS unit is part of the City's 911 emergency response system. With the unit's command center located at NewYork Weill Cornell, EMTs and paramedics are also based at the EDs of The Allen Pavilion, Columbia Presbyterian, Children's Hospital, and Wyckoff Hospital. "We are fortunate to be working with Jack Delaney and his crew," says Edwin Naamon, M.D., ED Director at The Allen Pavilion. "They are a professional, hard-working group and you can always count on them."

Paramedic supervisor Sal Bonamico makes sure a decontamination vehicle is fully equipped. NewYork-Presbyterian's fleet of more than 35 emergency vehicles includes ambulances, a high-risk neonatal transport service and a mobile emergency communications van.

ALPINE

The Emergency Departments of NewYork-Presbyterian are the linchpin of the Hospital's disaster plan. On September 11, each of the Hospital's three EDs braced for the worst.

When word of the World Trade Center attack reached senior administration, Hospital personnel shifted into full disaster alert status. "Every hospital has an Emergency Response Plan that delineates the authority, responsibilities and procedures that will be invoked at the time of the plan's activation," explains William T. Greene, Vice President, Operations, NewYork Weill Cornell. "Once the information of a disaster is verified, we quickly determine how it will impact on the way the hospital operates."

On September 11, each of the Hospital's three Emergency Departments braced for the worst. All elective surgeries were suspended, the clinics closed down, and staff from building services, engineering, nursing, transport and many units around the Hospital moved into the EDs, bringing stretchers, wheelchairs and any supplies that might be needed. It was a process for which NewYork-Presbyterian was well prepared. Staff practice disaster drills twice a year and a well-thought-out protocol is in place in the event of a major calamity.

What made 9/11 so challenging was the potential for further escalation. "It wasn't a static situation," says Neal Flomenbaum, M.D., Chief of the Department of Emergency Medicine at NewYork Weill Cornell, which cares for approximately 55,000 adults and children annually. "As the minutes ticked by, we were preparing for an influx of injured against a backdrop of increasingly ominous reports."

As a Level 1 Trauma Center, NewYork Weill Cornell's ED is staffed and equipped to manage patients with multiple, compound injuries. Medical and surgical teams from around the Hospital can be called as needed on a moment's notice, and burn victims—once stabilized in the ED—receive seamless care with their transfer to the Burn Center just upstairs.

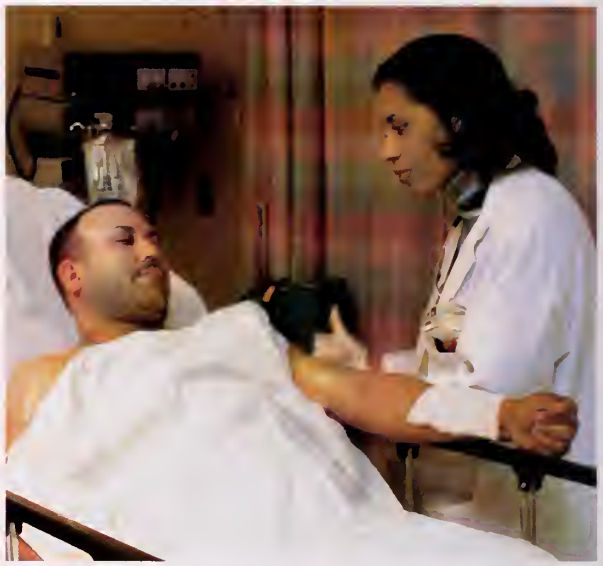
At Columbia Presbyterian, James Giglio, M.D., and his Emergency Department personnel were also ready to handle all types of physical and psychological trauma. Serving approximately 2,300 patients a week, Columbia Presbyterian's ED is an important health care resource for the Northern Manhattan and Inwood communities. Says Dr. Giglio, "From providing life-saving care to handling less urgent emergencies, being prepared is what we are all about."

Since the merger, NewYork-Presbyterian's three EDs have shown a remarkable ability to work together, culminating in joint research endeavors and the planned establishment of an emergency medicine residency training program.

During the week of September 11, The Allen Pavilion's Emergency Department saw 28 patients from Ground Zero. Columbia Presbyterian's Emergency Department treated 30 victims, and NewYork Weill Cornell's Emergency Department handled 117, including 18 who would be transferred to the Hospital's Burn Center.

Left: In the ED of The Allen Pavilion, Michael Berkowitz, R.N., and Charlita Arino, R.N., are members of a team of dedicated health professionals.

Patients who come to The Allen Pavilion like the familiarity of a community hospital while also having access to the health care resources of a major academic medical center.



Above Left: The Allen Pavilion is a designated 911 receiving hospital.

Above Right: Anna Holness, M.D., may see any number of medical emergencies during her shift, including heart attack, pneumonia, asthma, and injuries from trauma or burns.

Right: Paramedics Chris McCleese and Anthony DiTomasso stabilize Jose Mercado, a burn patient, before transporting him from The Allen Pavilion to the ED at NewYork Weill Cornell for possible admission to the Burn Center.

Below: Edwin Naamon, M.D. (second from right), Director of The Allen Pavilion's ED, values the teamwork that exists among the nurses, doctors, technicians and clerical staff of the ED. Says Dr. Naamon, "We can anticipate each other's thinking." Working with Dr. Naamon are (clockwise) Silas Abrenica, R.N., Anna Holness, M.D., and Heidi Cordi, M.D.

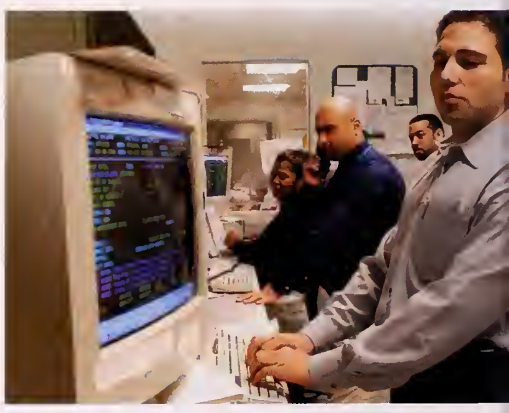
Left: In the ED of The Allen Pavilion, Margaret Hsiau, a medical student from Columbia University College of Physicians & Surgeons, performs a preliminary evaluation of patient Charity Harvey.

Right: Approximately one out of four patients who are seen in the ED of Columbia Presbyterian are admitted to the Hospital for inpatient care.

Below Left: Amid the activity of a busy ED, Juliette Grant, emergency room technician, attends to a patient.

Above Right: George Medina serves as an interpreter between patient Luis Rodriguez and medical intern Melissa Arbuckle, M.D. Serving a large Spanish-speaking Dominican community, physicians in Columbia Presbyterian's ED have conducted research to address cultural and language issues to facilitate the delivery of care for patients with chest pain.

Right: Patient representative Marcus Fermin (foreground), Ernesto Macasaet, clerical support manager, and patient representatives Natalie Nevers and Joseph Morales are key members of the ED staff.



The Emergency Department of Columbia Presbyterian Medical Center provides clinical care to about 120,000 patients a year, including 40,000 children.

Above: James Giglio, M.D., directs a department of 28 full-time emergency medicine physicians, all of whom are board certified or board prepared in the specialty. The pediatric emergency department, located in the Morgan Stanley Children's Hospital, is overseen by Steven Miller, M.D., whose medical staff is specially trained in pediatric emergency medicine.

Left: Steven Aviles, M.D., and Barbara Lock, M.D., examine patient Stanley Hall in Columbia Presbyterian's ED. "Emergency medicine is a wonderful specialty, because every patient you see is a diagnostic challenge," says Dr. Lock.

Right: Patient representative Constance Peterson answers a question from Renu Mital, M.D., of the ED's Urgent Care section. Ms. Peterson is of great service to colleagues and patients alike who need information about the NewYork Weill Cornell ED.

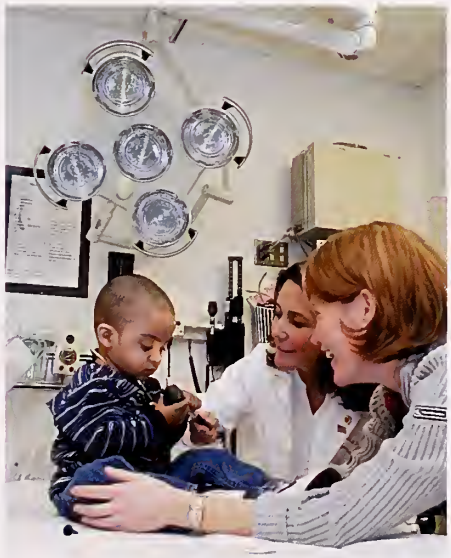
Far Right: Jose Perez, unit coordinator, keeps the ED functioning smoothly—processing orders, tracking test reports, keeping charts in order and checking on equipment.

Above: As Chief of the Emergency Department at NewYork Weill Cornell, Neal Flomenbaum, M.D., has instituted several clinical and operational advances to enhance the care provided to patients.

Far Left: Security guard Robert Taylor is very helpful to patients and visitors, greeting them when they arrive, directing them to the areas they need, handling crowds when necessary, and making everyone feel comfortable and safe.

Left: Volunteers, such as Ruth Scheuer, assist patients in many ways in the ED, including providing them with warm blankets and personal kits that include a radio, puzzle books and other thoughtful items.

NewYork Weill Cornell's Emergency Department is a gateway to the Hospital, serving patients of all ages and from all around the world.



Far Left: Brenda Coleman, R.N., and Debbie Fox, R.N., check on the status of ED patients using E-track, an electronic scheduling and tracking program developed by Matthew Caleb, M.D., Dr. Flomenbaum, and the emergency medicine physicians of NewYork Weill Cornell.

Left: Shari Platt, M.D., Director of the Pediatric ED, and Maureen McCauley, R.N. (right), distract toddler Tavian Lee before beginning his exam.

This is a place where lasting relationships are forged. The dedication of our staff to helping patients and families cope and recover a semblance of their lives is palpable.

Treating **Burn Victims**

When you stepped off the elevator on the eighth floor of the Greenberg Pavilion of NewYork Weill Cornell Medical Center in the months following 9/11, a sea of cards and letters guided you to the William Randolph Hearst Burn Center. Received from children and adults the world over, these prayers and heartfelt words of encouragement were inspirational to the staff and visitors who passed through the corridors on their way to the most well-known burn unit in the world. It is a distinction earned in part because of the Burn Center's visible role in caring for the gravely injured individuals who survived the attack. Those patients became a symbol of survival and hope for a grief-stricken nation as Burn Center staff applied their experience and their expertise to help heal physical and psychological wounds.

What also sets the Burn Center apart are its size, its facilities and its staff. It is one of the largest in the country, treating some 1,000 inpatients a year—about four times the average burn unit. The 40-bed facility is designed specifically to care for burn patients, and includes oversized rooms to accommodate specialized monitoring equipment, heat shields suspended over beds to maintain body temperature, a hydrotherapy room for daily washing and dressing changes, a rehabilitation facility for regaining strength and relearning daily living skills, and a children's playroom dedicated to Jeff Giordano, a friend and firefighter who lost his life at the World Trade Center.

The Burn Center is staffed by a team of physicians, nurses, therapists, social workers, psychiatrists, a chaplain, aides and volunteers—many with decades of service to the unit—who witness on a daily basis the devastation of burn injuries. "Physical scars are not the only insult burn victims suffer. When you have been burned, your whole life changes," says physical therapist Tracy Maltc. "These are heart-wrenching injuries that can alter not only your physical appearance, but also your acceptance of yourself and the way others perceive you."

"This is a place where lasting relationships are forged," says Roger Yurt, M.D., Director of the Burn Center. "The dedication of our staff to helping patients and families cope and recover a semblance of their lives is palpable. We rejoice with patients when they go home; we are there to grieve with the families of those who don't."

A quiet moment on the William Randolph Hearst Burn Center provides time for reflection on the enormity of the physical and emotional challenges faced by burn victims and the people who care for them.

Above: A bank of monitors displaying body temperature, oxygen levels, heart rate and other vital signs has the full attention of Frank Costello, R.N., nurse clinician, who depends on this technology and his experience to help save the lives of burn victims.

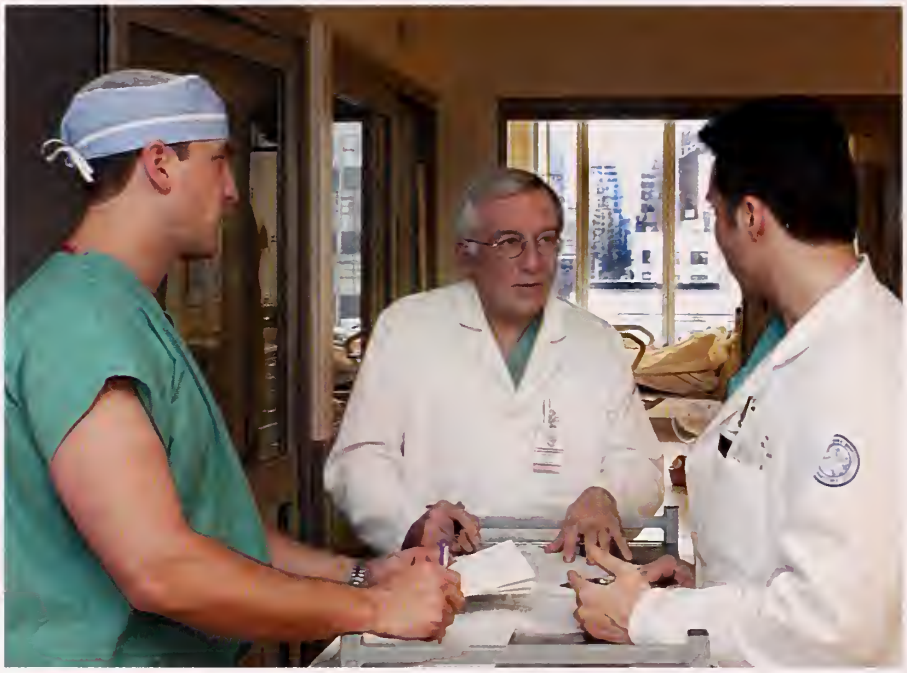
Right: In the hydrotherapy room, Melissa Simpson, nurse aide, is carefully gowned to prevent infection as she applies a salve to patient Joe Harris as part of the arduous process of cleaning the skin and changing his dressings.

Below: Holly Macklay, R.N. (left), nurse clinician, and Kathleen Maguire, R.N., check the progress of a patient in the Burn Center's intensive care unit. The average length of stay for patients is about 20 days, but some stay much longer.

Above: Kim O'Brien, physical therapist, fits patient Harry Waizer for a face mask that he will wear to minimize scarring.

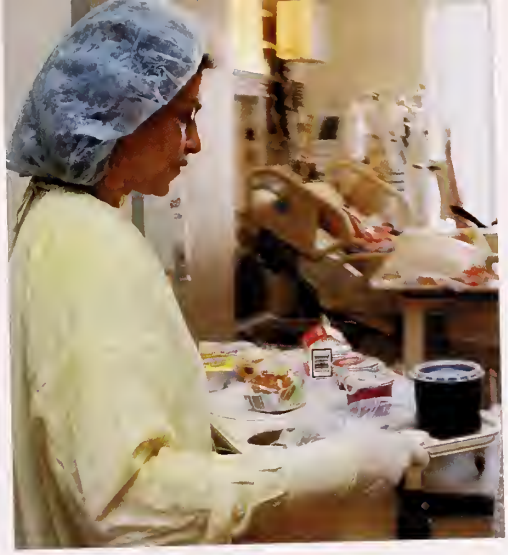
Left: Sam Yohannan, physical therapist, works with Mansur Jumaev, who was injured in a cooking accident, to stretch and strengthen his muscles.

In the late afternoon, Roger Yurt, M.D. (center), Director of the Burn Center, conducts rounds with Michael Gardner, M.D., medical resident, and Joseph Turkowski, M.D.



The Jeff Giordano Children's Playroom is fun for Devon Sosa, who is spending time with volunteer Florence Kadish and recreational therapist Vivian Youngblood.

Reverend Carolyn Yard, the chaplain for the Burn Center, offers support to patient Charlene Miller.



Far Left: Social worker Joyce Scheimberg develops relationships with patients that span the many phases of recovery and rehabilitation, addressing a range of concerns, from financial assistance and housing, to helping patients readjust to a different life.

Left: Judith DeRyp, nurse aide, is fully gowned when she delivers meals to patients.

Caring for Psychological Wounds

Sometimes the most difficult wounds to treat are those you cannot see. Though the number of physically injured would be much lower than first expected, the psychological toll of 9/11 on survivors would be incalculable, leaving emotional scars that, for some, may never heal. From the moment of the disaster and continuing to this day, the Hospital's psychiatrists and psychologists took a leadership role—addressing not only the acute mental health responses to the attack, but seeking to prevent long-term, incapacitating consequences.

John M. Oldham, M.D. (third from left), then Acting Director of the Psychiatry Service at Columbia Presbyterian Medical Center, convened an ongoing forum of chairpersons of psychiatry of the eight medical schools in the metropolitan region at the request of NYC Health and Mental Health Commissioner Thomas R. Frieden, M.D., M.P.H. (fourth from left). Among those attending the meeting of the Public Academic Partnership were Joseph English, M.D. (left), Chairman of Psychiatry, New York Medical College, and Sharon E. Carpinello, Executive Deputy Commissioner of the NYS Office of Mental Health. The group was charged with communicating information about accessing federal funds for mental health and organizing emergency crisis outreach services.

When word of the disaster hit, staff from Columbia Presbyterian and the New York State Psychiatric Institute, NewYork Weill Cornell's Department of Psychiatry and The Westchester Division went into action, setting up psychiatric clinical command centers, deploying staff to family centers, offering school consultations and bereavement services, providing assistance on site to corporations, and speaking to community groups.

John M. Oldham, M.D., then Acting Director of the Psychiatry Service at Columbia Presbyterian Medical Center and Director of the New York State Psychiatric Institute, was one of several state officials charged with overseeing the mental health rescue efforts for New York State. As the events of 9/11 began to unfold, Dr. Oldham was meeting with the Executive Committee of the Columbia-Cornell Behavioral Health Service Line. With him were Frederic I. Kass, M.D., Medical Director of Psychiatry at Columbia Presbyterian; Jack D. Barchas, M.D., Chief of Psychiatry at NewYork Weill Cornell; and Philip J. Wilner, M.D., Vice President and Medical Director of Behavioral Health at NewYork Weill Cornell. Together, they went into Dr. Oldham's office overlooking the Hudson River and saw the billowing, black cloud that will forever be associated with the collapsing towers. "Once we got over our shock and tried to cope with it in our own minds, we began to mobilize," recalls Dr. Oldham.

JoAnn Difede, Ph.D., and Marylene Cloitre, Ph.D., are psychologists with NewYork Weill Cornell who have focused their careers studying and treating the mental health consequences of trauma. Dr. Difede, who is also the psychiatry liaison to the Burn Center, specializes in working with victims of trauma and is a consultant to major corporations. Dr. Cloitre runs the Anxiety and Traumatic Stress Program at Payne Whitney Clinic which provides treatment for patients with post-traumatic stress disorder (PTSD). Within 48 hours of the attack, Drs. Difede and Cloitre were called in to help organize trauma and grief counseling services for families of Marsh & McLennan, which lost 295 staff members and 63 consultants. "This was uncharted territory for companies," says

Dr. Wilner. "They were anxious for assistance on how to deal with a community of distraught individuals."

"Knowing we needed to make order out of chaos, we set up a Family Assistance Center, relying on the expertise of the Hospital to guide us on how to best help loved ones," says Sally Bott, Director of Human Resources, Marsh Inc. "Their advice has been quite important to us."

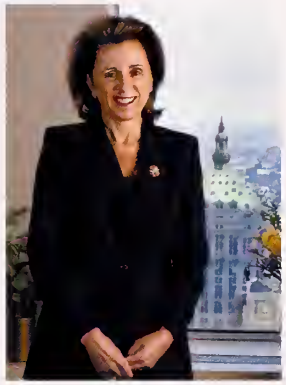
"September 11 was an incredible trauma for the firm," says Reginald A. McQuay, Senior Vice President, Marsh Inc. and Manager of the Family Relationship Management Program at Marsh & McLennan. "We lost friends and valued colleagues. Responding to families was about more than just handing out checks. It was important to become personally involved and to continue providing assistance to those who needed it."

A number of companies followed Marsh & McLennan's example, requesting both educational and counseling services. "Being physically distanced from Ground Zero, yet having these enormous mental health resources, we felt the most active contribution we could make would be to educate people," says Virginia L. Susman, M.D., Associate Medical Director, Westchester Division. "In addition, we shared our clinical expertise with the larger professional community in order to expand the base of people who could intervene."

While acute stress reactions were being addressed, the numbers of people expected to need treatment for post-traumatic stress disorder going forward were sobering. The New York City Police Department was among those concerned and sought assistance from NewYork-Presbyterian Hospital.

"Members of the Police Department and their families were under enormous stress," says Dr. Kass. Drawing on the resources of Columbia University and Columbia Presbyterian Medical Center, Dr. Kass and his colleagues conducted a massive education effort about stress reactions that, to date, has reached over 11,000 individuals. They continue to offer confidential evaluation and treatment services funded by the NYC Police Foundation and expect to expand the program to other groups that worked at Ground Zero.

Left to Right: Philip J. Wilner, M.D., and JoAnn Difede, Ph.D., from NewYork-Presbyterian, and Reginald A. McQuay, John T. Sinnott, Chairman and CEO, Marsh Inc., and Sally Bott (at right), acted quickly to provide crisis intervention services, psychological counseling, support and education for the families of Marsh & McLennan employees and consultants who perished on 9/11.



Just prior to 9/11, Dr. Difede had received a grant from the National Institutes of Health to evaluate the effectiveness of an acute treatment program for trauma victims in preventing the development of PTSD. She subsequently received a supplemental grant from NIH and funding from Pfizer Inc. to include survivors of 9/11 in her clinical research, and she and her colleagues are developing virtual reality technology to help people emotionally process the overwhelming impact of the attack. Dr. Cloitre and her team have received a supplement to an ongoing National Institute of Mental Health PTSD treatment study to incorporate individuals with PTSD related to the World Trade Center.

Cynthia Pfeffer, M.D., a nationally recognized authority on childhood bereavement with NewYork Weill Cornell, is leading a study supported by the National Institute of Mental Health to determine the effects the loss of a parent from 9/11 has had and will have on children and their surviving parents.

Assessing the full psychological toll of 9/11 will take years, particularly in the face of ongoing threats. Perspectives on post-traumatic stress disorder will likely broaden as mental health experts develop methods for coping in times of uncertainty.

NewYork-Presbyterian **Prepares**

When 9/11 revealed the vulnerability of our city to terrorist attacks, it made the unthinkable suddenly possible. "The potential use of biological, radiation or chemical agents puts a different kind of stress on a hospital because there is little ability to predict demand," says William A. Polf, Ph.D., Senior Vice President, External Relations, NewYork-Presbyterian Hospital. "Detecting the symptomatic patterns in emergency rooms that might indicate a public health crisis and knowing when to begin assigning resources have become important priorities."

The Hospital has developed well-defined response procedures in the event of a chemical or biological emergency. Its decontamination team of 27 men and women includes paramedic supervisor Sal Bonamico and EMT Alice McGloin, who are conducting a training session on dealing with biohazardous materials.

"With clinical and public health experts readily available, NewYork-Presbyterian, Columbia University's Mailman School of Public Health and Weill Cornell Medical College took the lead locally, regionally and on a statewide basis in preparing for all eventualities," says Michael Berman, M.D., Executive Vice President and Hospital Director of NewYork-Presbyterian.

As an important first step in the establishment of strategies to address preparedness, Herbert Pardes, M.D., President and CEO of NewYork-Presbyterian, appointed a Counterterrorism Task Force with representatives from Hospital administration, medical staff, NewYork-Presbyterian Healthcare System, the medical schools, the Mailman School and the Department of Public Health at Weill Cornell.

On October 12—as the first cases of anthrax were reported in the city—the Hospital moved to a heightened level of response. A bioterrorism clinical advisory group was quickly formed to synthesize information and prepare protocols that would be immediately useful for clinicians related to powder exposure and anthrax prophylaxis. Personnel from hospital operations, emergency medicine, infectious diseases, laboratory medicine and many other areas began to meet almost daily by teleconference, addressing clinical as well as operational issues. The group compiled clinical advisories, distributing the information via email and then posting the material on a specially created emergency preparedness website linked to the Hospital's intranet.

"Arising from this effort, we convened a System Emergency Preparedness Task Force to look at areas of concern and to develop strategies as well as a structure for a larger, collaborative effort focused on surveillance, education and institutional response," says Eliot J. Lazar, M.D., Vice President, Medical Affairs, NewYork-Presbyterian Healthcare System. "We first identified categories of data hospitals would like to have at the time of a crisis, agreeing on surge capacity, mobilization capability, and urgent needs as priorities. Then, using our own internal information technology resources, we built a web-based system for communication exchange."

The result was the Health Emergency Response Information System (HERIS), which was tested with seven hospitals of the NewYork-Presbyterian Healthcare System at a simulation exercise in December. With tremendous interest generated statewide, a second simulation was held in March including 24 hospitals in 10 counties across three states. Also present were representa-

The definition of a disaster that requires a hospital emergency response now had to be expanded to include the risk for bioterrorism.

tives from the New York City and New York State Departments of Health, the Hospital's EMS service, the NYC Fire Department, and the Greater New York Hospital Association. NewYork-Presbyterian is now serving in an advisory capacity to the NYS Department of Health, which is aggressively developing a statewide system, using HERIS as a model, that can gather real-time capacity and resource data in the event of a disaster.

"We continue to be very active in helping to develop plans for a coordinated response to potential catastrophic events—natural or manmade with criminal intent," says Steven J. Corwin, M.D., Senior Vice President and Chief Medical Officer, NewYork-Presbyterian. "With the Hospital's history of innovative information technology projects, it was able to take the lead with the State to construct a template for response."

"We are also advising the State on constructing a symptom-surveillance system," says J. David Liss, Vice President, Government and Strategic Relations. "If you can find out why people are coming into the ER and see developing patterns, you can start drawing conclusions and begin preparing for a potentially large-scale emergency."

The Mailman School of Public Health has a CDC-funded Center for Public Health Preparedness, a joint initiative with the NYC Department of Health, to train health personnel to prepare for bioterrorism. "During the anthrax period, we worked closely with the Hospital to prepare guidelines for response and continue to work with the infectious disease programs on surveillance and early pathogen identification," notes Allan Rosenfield, M.D., Dean of the Mailman School. "Several of our departments have also been involved in assessing environmental contamination of the community and the workers at Ground Zero, and in broader assessments of the impact of September 11 on mental health."

Nathaniel Hupert, M.D., M.P.H., an assistant professor of public health and attending physician with NewYork Weill Cornell, is addressing the protection of civilians through the distribution of antibiotics and vaccines. With a contract from the Federal Department of Health and Human Services, the Department of Public Health at Weill Cornell has been working with the Mayor's Office of Emergency Management and the NYC Department of Health to develop computer simulation models of bioterrorism scenarios and designing and testing systems to effectively and efficiently deliver treatment."

Alice McGloin, EMT, in full gear for handling biohazardous materials.

According to Alvin I. Mushlin, M.D., Chairman, Public Health, Weill Medical College, and Chief of Public Health, NewYork Weill Cornell, "There has been incredible collaboration with the Department of Public Health and the Mailman School to enable NewYork-Presbyterian Healthcare System to react to actual attacks and be proactive in developing the next generation of electronic tools and other methods that will help with response in the future. This is the value of the link between academic medical center hospitals and universities."

Dr. Rosenfield agrees. "As part of the Mailman School's broad city, state and national public health agenda, it is mutually beneficial to work in collaboration with the NewYork-Presbyterian Healthcare System and our colleagues in Public Health at Weill Cornell."

By a twist of fate, the private lives of Harry Waizer and Brian Reeves were made very public as they became symbols for a wounded nation that longed to heal.

Together We Heal

Harry Waizer and Brian Reeves were among the 18 patients who survived severe burn injuries suffered during the World Trade Center attack. They are on a long road to recovery, both physically and emotionally, but with the support of family members, friends, physicians, nurses, therapists, and others, they are beginning to heal.

On September 11, Mr. Reeves and Mr. Waizer were brought to NewYork Weill Cornell's Emergency Department with severe third-degree burns. Once stabilized, they were transferred upstairs to the William Randolph Hearst Burn Center, where, over the next several months, with their families at their side, they would undergo intensive, often painful, treatment of their injuries.

Harry Waizer was in the Burn Center of NewYork Weill Cornell for 10 weeks; for the first seven weeks, he was unconscious. He is now home recovering with the help of his wife, Karen, and three children, Katie, Joshua and Jodi. They are his "rock."

"There is an intrinsic quality about the staff in the Burn Center that makes them extraordinary human beings." says Mr. Waizer. "Dr. Yurt cares so deeply about his patients it shows on his face. He was determined to save my life, and he was determined to make it as bearable for my wife, Karen, as it could be."

"Even though Harry was not conscious, the nurses would constantly talk to him while they treated him," recalls Mrs. Waizer. "They never lost sight of the fact that he was a person, not just part of a regimen."

"The staff and families became like one," says Brian's father, Augustine Reeves. "You don't even realize how attached to each other you're becoming. I've never seen anything quite like it."

"I know how far I've come, and yet," says Mr. Waizer, "I know how far I have to go. The Burn Center's therapists help patients to realize that if you can take one step, then you can take a second and a third. The rest will come, but you have to take the first step."

Brian Reeves spent nearly two months in the Burn Center. He is now spending time with his son, Bryton, and his parents, Barbara and Augustine.

Development Report

Construction of a new hospital for children . . . the opening of a center dedicated to women's health . . . the dedication of a new care environment for children and adolescents with cancer . . . enhancing facilities in reproductive health . . . an incredible partnership on behalf of women with breast cancer . . . These important initiatives and many more are made possible by NewYork-Presbyterian Hospital's most generous donors—the individuals, foundations and corporations which each year are kind enough to include the Hospital in their philanthropic endeavors. In fact, when friends think about how to help NewYork-Presbyterian, they think big, and 2001 was no exception. Over $85 million was raised in gifts and pledges, with more than 20 gifts received for $1 million or more.

Coming Together for Children

Long-standing friendships and new relationships helped us provide a brighter future for the young patients of Children's Hospital of NewYork-Presbyterian in 2001. By year-end, $87 million had been raised toward our fundraising goal of $120 million for the new Morgan Stanley Children's Hospital inpatient and diagnostic building—scheduled for completion in 2003. Propelling this project toward its goal is the newly formed Morgan Stanley Children's Hospital Campaign Steering Committee, which held its inaugural meeting in November 2001. Led by Hospital Trustee Peter Karches, this dedicated group of donors provides both strategic and hands-on leadership for the building campaign.

The new Child and Adolescent Oncology Center at Columbia Presbyterian was made possible by the generosity of Herbert and Florence Irving.

We are particularly grateful for the generous support of the Samberg Family Charitable Foundation for a gift of $2 million, and Trustee Donald Boudreau and his wife, Susan, Trustee Sarah Nash and her husband, Michael Sylvester, Marvin and Audrey Schein and two anonymous donors, who each gave $1 million. The Samberg Family Charitable Foundation has also pledged an additional $2 million for Children's Hospital programs. Our thanks to the Chase Manhattan Foundation and the Hearst Foundation, which also made pledges of $1 million toward the new pediatric facility and to the Peter and Deborah Weinberg Foundation and the Sidney Weinberg, Jr. Foundation for a combined commitment of $1 million in honor of Dr. Arnold P. Gold.

Herbert Pardes, M.D., President and CEO, joins (from left) Maria New, M.D., Chief of Pediatrics at NewYork Weill Cornell, Kathleen Burns Buddenhagen, Elizabeth Fuller, Debby Blankman, Rhonda Erb, and Lisa Desmond for Light Up A Life, which supports pediatric programs.

Two very special annual events continued a tradition of support for children in 2001. The 15th Annual Heartbeat Cabaret was celebrated on February 7, 2001, raising more than $250,000 for cardiologists and cardiac surgeons from both the Columbia Presbyterian and the NewYork Weill Cornell campuses of the Children's Hospital of NewYork-Presbyterian. Held at Chelsea Piers, the event honored the children who were in treatment at the time of the first Heartbeat Cabaret in 1986. On November 10, 2001, NewYork-Presbyterian and Weill Cornell Medical College hosted the 13th annual Light Up A Life pediatric fundraiser at FAO Schwarz, raising $177,000 for the Children's Emergency Medical Fund, the Clown Care Program, the Division of Child Protection, and the Program for Children and Adolescents with AIDS. Founding chair Kathleen Burns Buddenhagen and co-chairs Debby Blankman, Paisley Kelling, and Wendy Svarre, along with the Pediatric Support Committee, organized this fun-filled event for 800 children and their parents.

Children battling cancer are now cared for in the Herbert Irving Child and Adolescent Oncology Center—a beautiful new outpatient facility made possible by Life Trustee Herbert Irving and his wife, Florence, the project's benefactors. On April 10, 2001, a dedication ceremony was held for the new center,

Michael Vitale, M.D., Joshua Hyman, M.D., Louis Bigliani, M.D., David Roye, M.D., and Francis Lee, M.D., provide expert care to children with musculoskeletal conditions in the new Center for Pediatric Orthopaedics. Cynthia Sparer, Executive Director, Children's Hospital of NewYork-Presbyterian, stopped by for the Center's opening celebration.

Herbert Pardes, M.D., Andrea Jung, Avon Products, Inc., Karen Antman, M.D., Director, Herbert Irving Comprehensive Cancer Center, Gerald D. Fishbach, M.D., Vice President, Health and Biomedical Sciences and Dean of the Faculty of Medicine, Columbia University, mark the opening of the Avon Foundation Breast Center.

Members of the Women's Health Symposium Executive Steering Committee include (left to right) Barbara Pearlman, Liz Newman, Maxine Prisyon Warshaw, Susan Volk, Catia Chapin, Co-chairs Joan Weill and Myra Mahon, Nancy Streeter, Missie Rennie Taylor, Iris Cantor, Collette Kean, Ann Thorne and Diana Townsend Butterworth.

which is located on the seventh floor of the Herbert Irving Pavilion. The Irvings' commitment to the Division of Oncology has led to the development of the Herbert Irving Comprehensive Cancer Center of Columbia Presbyterian. The new pediatric outpatient center is the final component of the vision to establish a comprehensive cancer center. We are also very thankful for Mr. and Mrs. Irving's 2001 commitment of $5 million toward the construction of a pediatric clinical research and care center.

A $1 million gift from an anonymous donor and the collaborative efforts of the Divisions of Orthopaedics and Pediatrics helped to make possible a new Center for Pediatric Orthopaedics at the Morgan Stanley Children's Hospital. Dedicated at a ribbon-cutting ceremony on September 14, 2001, the new Center was designed specifically to accommodate the needs of children with orthopedic conditions. It replaces a facility that was more than 70 years old.

Expressly for Women

Enhancing health care for women was the focus of many pivotal contributions to NewYork-Presbyterian Hospital in 2001. The Iris Cantor Women's Health Center on the NewYork Weill Cornell campus, which formally opened in April 2002, received a $1 million commitment from Trustee Carroll Petrie, which will further enhance the coordinated and comprehensive care that will be provided by the Center's physicians and health professionals to women throughout their life cycle. The Center, which was made possible by a lead gift from the Iris and B. Gerald Cantor Foundation, formally opened in April 2002.

Lead gifts from Trustee Jerry Speyer and his wife, Katherine Farley, and Trustee John Thain and his wife, Carmen, and an anonymous donor helped to launch the campaign for a new labor and delivery unit for Sloane Hospital for Women on the Columbia Presbyterian campus. More than $3.5 million has been raised toward the campaign's $11.5-million goal. The extension of the current Sloane Hospital will sit atop the new Morgan Stanley Children's Hospital and will provide state-of-the-art facilities with special attention paid to patients and their families.

The In-Vitro Fertilization Unit at NewYork Weill Cornell was refurbished thanks to the support of Trustee David H. Koch and his wife, Julia, who pledged $5 million toward the Unit's renovation.

New York-Presbyterian Hospital, in conjunction with Columbia University Health Sciences, was one of ten academic health care centers in the country to benefit from the Avon Breast Cancer Crusade. The Columbia Presbyterian Medical Center received a gift of $10 million. On April 11, 2001, more than 50 individuals joined Herbert Pardes, M.D., President and CEO, Karen Antman, M.D., the Wu Professor of Medicine and Pharmacology at Columbia, Florence and Herbert Irving, and Andrea Jung, Chairman and CEO of Avon, who became a Hospital Trustee in April of 2002, to dedicate the Avon Foundation Breast Center of the Herbert Irving Comprehensive Cancer Center. Created by the Avon Foundation's $5 million donation to the Hospital and directed by Dr. Antman, the Center expands screening programs, outreach efforts, and treatment services provided to underserved women in the surrounding communities.

The 19th annual NewYork Weill Cornell Women's Health Symposium provided

important health information to the more than 350 women who came to hear the keynote address on women and heart disease by Antonio M. Gotto, Jr., M.D., the Stephen and Suzanne Weiss Dean of Weill Cornell Medical College, as well as talks by noted specialists on depression, laser vision correction, and preserving healthy skin. Held on October 17, 2001, at the Citigroup Center, the symposium was co-chaired by Myra Mahon and Joan Weill.

Evenings to Remember

Each year, hundreds of staff, friends and supporters gather for the Hospital's annual galas and tribute events, raising important funding for patient care services, medical education and research programs of NewYork-Presbyterian. On April 26, 2001, 1,400 of New York's most distinguished physicians and corporate and civic leaders attended the annual NewYork-Presbyterian Hospital Spring Gala at the Waldorf-Astoria. They came to honor Hospital Chairman Emeritus Seymour Milstein and his wife, Vivian, along with Life Trustee David Wallace and his wife, Jean, for their extraordinary service and commitment to the Hospital. The event raised more than $2.2 million to support programs in urology at both Columbia Presbyterian Medical Center and NewYork Weill Cornell Medical Center.

D. Jackson Coleman, M.D., Ophthalmologist-in-Chief and Chairman of Ophthalmology at NewYork Weill Cornell, was honored with the Maurice R. Greenberg Distinguished Service Award at the annual Greenberg Gala held on May 2, 2001. The award, which is accompanied by a $50,000 prize, is NewYork Weill Cornell Medical Center's highest honor for faculty.

On October 30, 2001, more than 750 guests attended Cabaret 2001, which was held in the great hall of the Cathedral of St. John the Divine. Co-chaired by Hospital Trustee Ivan Seidenberg and his wife, Phyllis, and Weill Cornell Medical College Overseer Marc Shapiro and his wife, Jeri, the event brought in $1.8 million in unrestricted funds to support NewYork-Presbyterian Hospital and Weill Cornell Medical College.

Whether through private gifts, foundation and corporate philanthropy, or through a show of support at our special events, the friends of NewYork-Presbyterian Hospital are helping us to carry forth our mission and champion our cause. We are forever grateful.

David and Jean Wallace, John Castle, Vivian Milstein, Carl Olsson, M.D., Chairman of Urology at Columbia Presbyterian, E. Darracott Vaughan, Jr., M.D., Chairman of Urology at NewYork Weill Cornell, the late Seymour Milstein, and Herbert Pardes, M.D., at the Hospital's annual gala, which honored the Wallaces and the Milsteins.

Co-chairs Marc and Jeri Shapiro, Herbert Pardes, M.D., Anita and Antonio Gotto, Jr., M.D. and Co-chairs Phyllis and Ivan Seidenberg celebrate Cabaret 2001.

Seymour Milstein, Friend and Benefactor, Mourned

We are deeply saddened by the passing of Seymour Milstein, a Chairman Emeritus of the Board of Trustees, who died on October 2, 2001, at the age of 81. A model philanthropist and a dear friend, Mr. Milstein helped build the Columbia Presbyterian Medical Center into one of the world's great hospitals. Mr. Milstein and his wife, Vivian, first came to The Presbyterian Hospital for the birth of their children. In 1988, Mr. Milstein joined the Hospital's Board of Trustees, becoming Chairman a year later. That same year, an extraordinary gift from the Milstein Family Foundation led to the construction of the Milstein Hospital building, which provides one of the finest clinical facilities in New York. During his tenure, Mr. Milstein brought his business acumen to bear on hospital operations. He guided the modernization of the Hospital's infrastructure, helped our network of neighborhood health facilities to flourish, and initiated off-campus practice sites, most notably Columbia Presbyterian Eastside.

Seymour Milstein has left a lasting impression at NewYork-Presbyterian Hospital. His wise counsel, strong leadership and dedication will be remembered always.

September 11: The World Responds

In the days and months following September 11, there was an outpouring of generosity from around the world unlike any seen before. At NewYork-Presbyterian Hospital, special funds were created to remember 9/11 and address continuing needs.

One such fund honors the memories of Keith Fairben and Mario Santoro, two full-time members of the NewYork-Presbyterian Hospital Emergency Medical Services team who were lost during the rescue efforts at the World Trade Center. Donations of approximately $200,000 are providing support for Mr. Santoro's family, establishing a memorial fund named for Mr. Fairben, and supporting education and training programs in the field of emergency medical services.

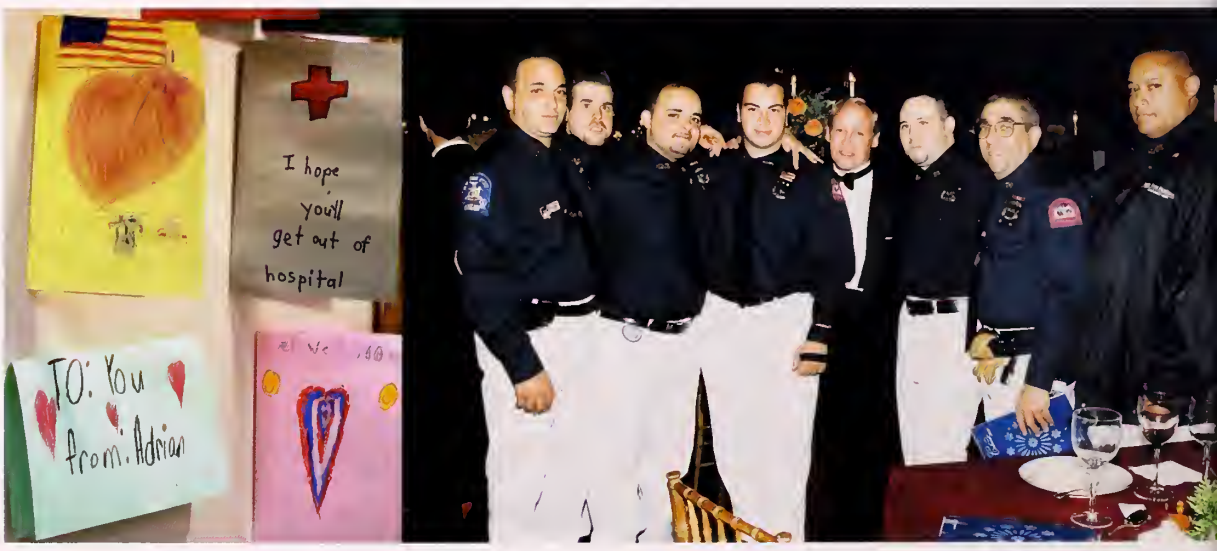
More than $400,000 has been donated to the Relief and Recovery Fund at NewYork-Presbyterian to support the Hospital's ambulance service, which lost seven vehicles at the disaster site, as well as the Hospital's counseling and outreach efforts. As part of the fund, the Hospital received a generous gift of $200,000 from the American Hospital of Paris Foundation made up of contributions collected from all over France specifically for the care of the survivors of the September 11 attacks. These funds were used to help offset the health care costs of victims who were treated at NewYork-Presbyterian.

The EMS fund received an anonymous gift of $75,000 through the Seth Sprague Foundation by a member of the Circle of NewYork-Presbyterian Hospital to replace lost ambulances.

And, only a few weeks after the attack at the World Trade Center, His Highness Sheikh Hamad bin Khalifa al-Thani, Emir of the State of Qatar, made a special visit to New York City to extend his condolences and make a donation of $1 million to the William Randolph Hearst Burn Center at NewYork Weill Cornell Medical Center, where the most severely injured were taken.

Words cannot express the gratitude NewYork-Presbyterian Hospital has for the many contributions, the thousands of cards and letters, and gifts in kind that helped our community to heal.

EMS workers are recognized at Cabaret 2001.



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Important Telephone Numbers **Inside Back Cover**

SERVICES TO PATIENTS

Laboratory	7,783,983
Blood Bank	513,664
Radioisotopes Services	23,749
X-ray Procedures	454,377
Operations	52,108
Deliveries	11,455
Electrocardiograms	211,375
Electroencephalograms	11,102
Therapy Treatments (Physical, Occupational)	340,634
Transfusions	84,860
Average Number of Full-Time Employees	12,689

DISTRIBUTION OF BEDS

Single		
Medical/Surgical		512
Obstetrics and Gynecology		22
Pediatrics		9
	Total Single	**543**
Two-Bedded		
Medical/Surgical		911
Neonatal		83
Obstetrics and Gynecology		100
Pediatrics		155
	Total Two-Bedded	**1,249**
Other		
Newborn Bassinets		91
Psychiatric (Payne Whitney Clinic, Columbia Presbyterian Medical Center, and Westchester Division)		486
	Grand Total	**2,369**

PATIENT CARE

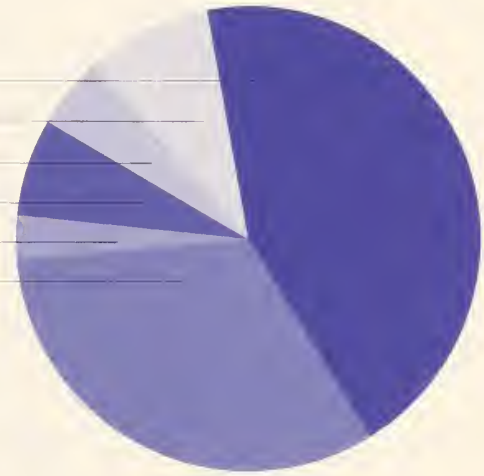
Patients Discharged (including neonatal)		79,533
Newborn		11,103
Psychiatric		
Payne Whitney Clinic		1,212
Columbia Presbyterian Medical Center		1,589
Westchester Division		2,986
	Total	**96,423**
Patient Days, All Divisions (including newborn)		681,009
Visits to Day Hospital (ambulatory surgery)		43,795
Visits to Outpatient Clinics		825,764
Visits to Emergency Facilities		170,032

REVENUES AS A PERCENTAGE OF TOTAL PATIENT CARE AND OTHER REVENUES

Revenues	$ Millions	%
Net Patient Revenues	1,718.5	92.9
Other Revenues	131.1	7.1
Total Revenues	**$1,849.6**	**100.0%**

EXPENSES AS A PERCENTAGE OF TOTAL EXPENSES

Expenses	$ Millions	%
Salaries and Wages	813.0	44.0
Employee Benefits	160.3	8.8
Provision for Bad Debts	89.9	4.9
Depreciation and Amortization	126.1	6.8
Interest	57.9	3.1
Supplies and Nonsalary Expenses	600.4	32.4
Total Expenses	**1,847.6**	**100.0%**
Gain (Loss) from Operations	**$ 2.0**	



Note: The Hospital also expended $61.8 million in Charity Care.

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The Auxiliary's first meeting was held in May 1908, and its 16 active and 36 associate members have been proud to provide a continuing link to medical, social and ethical needs of today. The Auxiliary is pleased to provide support for:

- *Initiation of a $150,000 scholarship for junior faculty at the Center for Women's Health*
- *Provision of a washer/dryer and oven for the Department of Rehabilitation Therapy, as well as clothing for patients*
- *Provision of clothing for the Department of Social Work for patients in need*
- *Social Work Lectures*
- *A weekend seminar for children at the Morris Jumel Mansion*
- *Volunteers for the Trained Liaison Comforter program in ICU and same day/ambulatory waiting areas*
- *The Milbank Library*
- *A 10-minute videotape for in-house TV explaining the Auxiliary and the need for more volunteers*
- *The United Hospital Fund and Hospital Association of New York*
- *Free parking for all volunteers*
- *The Allen Pavilion Community Health Outreach Program for seniors*

Additionally, in response to 9/11, the Auxiliary held an old-fashioned bake sale to benefit the local Fire Department and Police Precinct.

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The Auxiliary has concluded its 43rd year as an active organization whose mission of supporting the Medical Center is ongoing. The lecture series in 2001 ranged from "Happenings on 68th" to "Separating Fact from Fiction re: Biological Terrorism."

Funding highlights for 2001 included support for:

- *Art classes for Health Outreach members*
- *Department of Social Work*
- *Arts and Crafts Program of the Department of Rehabilitation*
- *The Department of Pediatrics "Reach Out and Read" Program*

In addition, the Babies Alumni Program shows great growth and potential for additional members.

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In 2001, there were 1,737 volunteers who gave a total of 190,239 hours of service. Volunteers from each center shared their most successful programs and replicated them at the other sites. For the first time ever, volunteers across sites participated in programs and worked together on joint projects, establishing a sense of mutual goals.

The Interpreter Services Program continues to grow exponentially as our patient population becomes increasingly diverse. The Program, through the use of trained bilingual volunteers, responds to over 2,000 requests a month across all sites.

Volunteers are able to share their talents and time with our patients and their families, adding an extra dimension to the outstanding clinical care provided by NewYork-Presbyterian Hospital.

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(as of May 2002)

Comprised of nearly 30 general acute-care hospitals in New York State as well as Northern New Jersey and Connecticut, 15 skilled nursing facilities, and numerous other ambulatory and home-health agencies, the NewYork-Presbyterian Healthcare System is one of the largest Systems in the United States. Established by NewYork-Presbyterian Hospital, its mission is to increase access to high quality care, enhance quality, promote professional and operational excellence, and support the mission of its academic medical center partners. The System currently serves nearly one out of every five patients seen in the greater New York metropolitan area.

NewYork-Presbyterian Hospital and its clinical service lines play an increasingly important role in expanding the scope of medical and surgical services offered at System institutions. Each general acute care member is also an affiliate of one of our two medical school partners: Columbia University College of Physicians & Surgeons and Weill Medical College of Cornell University. The activities of the System are overseen by a Board, which includes members from the NewYork-Presbyterian Board and chairpersons from selected member institutions. Listed here are key System leadership and members.

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These individuals continue the legacy established through the careful planning of Messrs. Payne Whitney and Edward Harkness whose foresight was instrumental in the establishment of the two great academic medical institutions that form NewYork-Presbyterian Hospital, on their present day sites.

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NewYork-Presbyterian mourns the loss of these valued members of the Hospital community.

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LEAVE A LEGACY BY MAKING A GIFT

Important sources of support for NewYork-Presbyterian Hospital are gifts, bequests and trusts which allow you to leave a legacy. Such gifts help fund a wide range of programs, including those that provide patient care, educate future physicians and scientists, expand community outreach, and make possible pioneering clinical research which results in new and improved treatments for disease, helping people today as well as in future generations. Providing support for these programs in an estate plan makes a moving statement about your care and concern for the health and well-being of future generations.

Gifts can be made in cash, securities, or other property, and can take many forms: an outright gift, pledge, bequest, or various life income arrangements (trusts, pooled income funds, or gift annuities). Support can be designated for specific purposes, or can be unrestricted, which gives NewYork-Presbyterian Hospital greater flexibility in planning and administering programs in patient care, education, and research. Gifts to NewYork-Presbyterian Hospital may be directed to either the NewYork Weill Cornell Medical Center or the Columbia Presbyterian Medical Center campus, or both. There are many options for naming opportunities and public recognition of gifts at the Hospital.

NewYork-Presbyterian Hospital is a qualified not-for-profit institution, which receives major support from private philanthropy. Gifts to the Hospital by individuals, foundations, or corporations are exempt from income, gift, and estate taxes to the extent of and in the manner provided by federal and state laws. If you are considering making a bequest, you may wish to share the following language with your advisors:

"I give, devise, and bequeath to NewYork-Presbyterian Hospital, a corporation created under the New York State Not-for-Profit Corporation Law and located in New York City, New York, the sum of $_____ (or description of the property) to be used for the general corporate purposes of NewYork-Presbyterian Hospital as its Board of Trustees shall determine."

The Office of Development welcomes the opportunity to tell you more about the Hospital's numerous programs and activities, and to consult with you and your advisors about various gift ideas. For further information about making a gift to the Hospital, please contact:

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The 2001 Annual Report was published by the Department of Public Affairs of NewYork-Presbyterian Hospital. Special thanks to our academic affiliates, Columbia University College of Physicians & Surgeons and Weill Medical College of Cornell University, for their collaboration and assistance in the preparation of this report.

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Photography Supervision	Robert Pryzgoda
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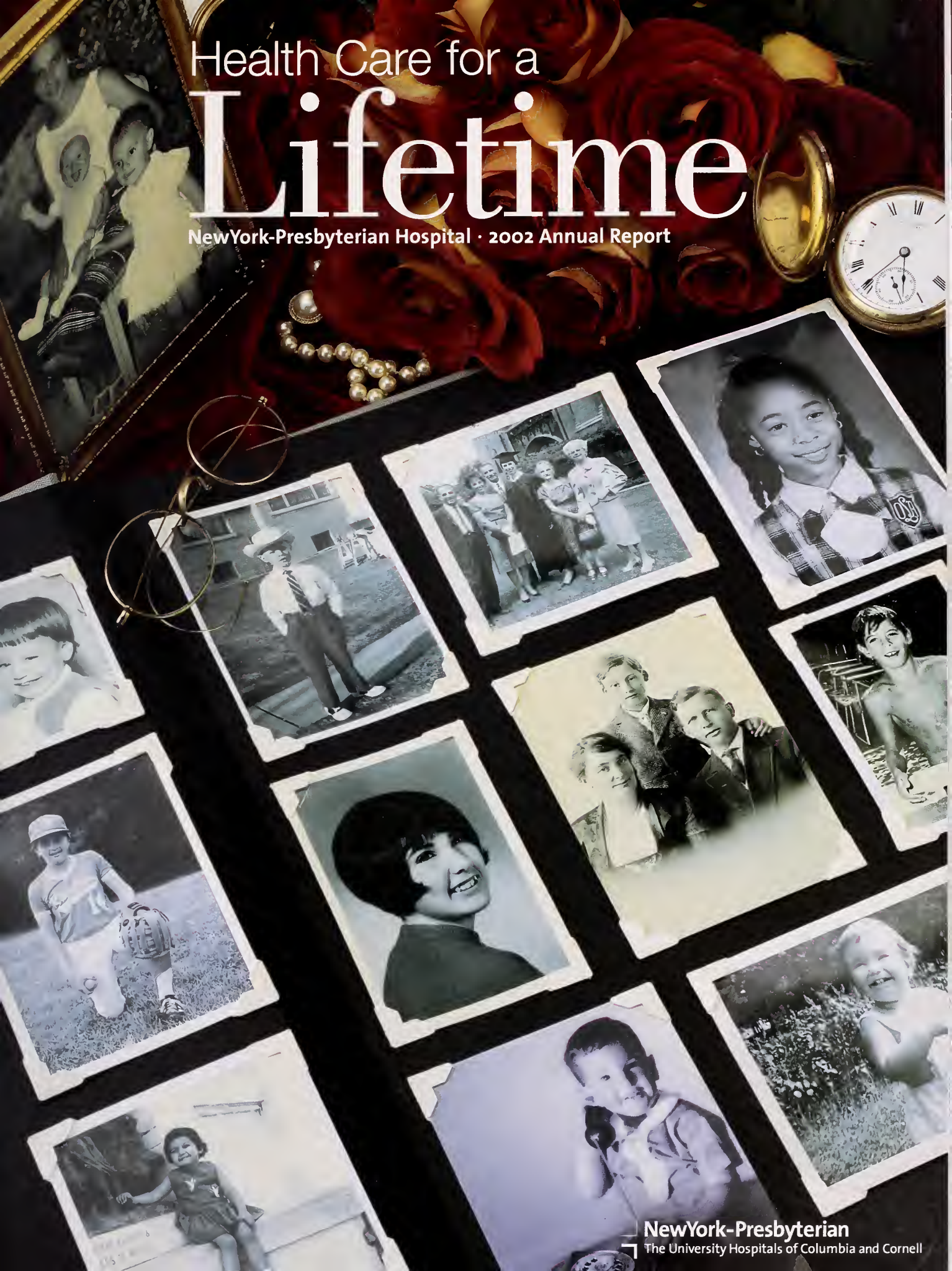
Health Care for a Lifetime

NewYork-Presbyterian Hospital · 2002 Annual Report



NewYork-Presbyterian
The University Hospitals of Columbia and Cornell

Dedication

The 2002 Annual Report of NewYork-Presbyterian Hospital is dedicated to the late David B. Skinner, M.D., President and Chief Executive Officer of The New York Hospital from 1987 to 1997, and of NewYork-Presbyterian Hospital from 1997 until his retirement in 1999.

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On the cover:
A photo album of NewYork-Presbyterian patients, physicians and health professionals at different stages in their lives and in the "picture of health."

From newborn to ninety, adolescence to middle age, generation to generation…there is no time in a lifetime when health care—preventive, primary or therapeutic—isn't part of our lives. At NewYork-Presbyterian Hospital, we deliver babies, respond to emergencies, perform organ transplants, help people survive cancer, see patients through mental health crises, provide well care for women, and try to alleviate the suffering of the elderly. In the 2002 Annual Report, you will meet many of the individuals whom we have met over the years and whose lives are now intertwined in ways which no one could have ever foreseen.

PROVIDING OUR PATIENTS WITH QUALITY, COMPASSIONATE CARE IS AT THE CORE OF OUR MISSION.

Leadership Report

When the late David B. Skinner, M.D., conceived the merger of The New York Hospital and The Presbyterian Hospital to form NewYork-Presbyterian Hospital, it was considered both visionary and daring. Dr. Skinner set the stage for the development of an extraordinary world-class academic medical center through a partnership of two major health care institutions in their own right and their respective top-ranked affiliated medical schools. As we mourn the passing of Dr. Skinner, who died on January 24, 2003, we also celebrate his profound legacy. Through Dr. Skinner's foresight in the mid-1990s, NewYork-Presbyterian today can pursue greatness in our work, whether it is on behalf of the patients we serve, the research we undertake, or the physicians and health professionals we train.

EXCELLENCE AT WORK

Providing our patients with quality, compassionate care is at the core of our mission. Last year, we implemented a service excellence program which outlines specific principles of behavior that everyone throughout the Hospital is expected to incorporate in their work ethic. Our *Excellence at Work* campaign is designed to improve interactions with patients and among co-workers and create a culture of caring that is second to none.

To measure the effectiveness of our efforts, the Hospital participates in the national Press Ganey and PRC Patient Satisfaction Survey. The results of these surveys guide us in our ongoing customer service efforts, indicating where improvements are needed and where gains have been made. This data, combined with letters from patients, clearly indicate that we are enhancing the quality of the hospital experience.

MEASURES OF DISTINCTION

We hold ourselves accountable to the highest standards of health care. Of utmost significance are the results of our Fall 2002 survey by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The Hospital received a final score of 91 out of a possible 100, reflecting the dedication of Hospital staff to their patients and to promoting the safety of the Hospital environment.

John Mack (left), Chairman, NewYork-Presbyterian Hospital, and Herbert Pardes, M.D., President and CEO, survey the work in progress at the new Morgan Stanley Children's Hospital.

For the second consecutive year, the Hospital also received distinction as a top American hospital and the only New York metropolitan-area hospital named to the Honor Roll in *U.S. News & World Report's* annual "America's Best Hospitals" issue. Achieving this status indicates that the Hospital received high scores in quality and breadth of expertise across a range of clinical specialties.

At the same time, NewYork-Presbyterian had more physicians named in the Castle Connolly guide, *America's Top Doctors*, than any other hospital in the United States, and the "Best Doctors in New York" issue of *New York* magazine listed 297 NewYork-Presbyterian physicians to this noteworthy list—more than from any other hospital in the metropolitan area and 20 percent of the total 1,500 selected.

Michael Argenziano, M.D., Director, Robotic Surgery, Columbia Presbyterian, received recognition, along with Samie Jaffrey, M.D., Ph.D., Assistant Professor, Pharmacology, Weill Cornell Medical College, in *Crain's New York Business* feature, "40 Under 40," which highlights leaders in diverse fields. In 2003, *Crain's* added Michael Zaccagnino, Vice President, Patient Support and Customer Services, to this distinguished registry. In addition, 60 NewYork-Presbyterian doctors have been named to the prestigious Institute of Medicine of the National Academy of Sciences. More than 42 percent of the Institute's members from New York State are associated with our Hospital.

The William Randolph Hearst Burn Center at NewYork Weill Cornell, which has admitted more than 18,000 patients since its opening, and the heart transplant program at Columbia Presbyterian, which has performed more than 1,450 transplants, both celebrated their 25th anniversary this year.

Among our New York City peers, the Hospital ranked #1 in *New York Times* citations and in the top three nationally for placements in major newspapers, TV, radio and magazines. Over 1.2 million people visited our website, and calls to our Physician Referral Service increased by 20 percent to an all-time high.

These distinctions and many more are due, in large part, to the high quality of our medical staff, which continues to expand with the recruitment of top physicians from around the country. In the past year, several outstanding physicians have joined the Hospital, bringing expertise and experience that is enhancing programs at all of our sites.

At NewYork Weill Cornell Medical Center, Scott Wadler, M.D., came on board to head the solid tumor service in gastrointestinal oncology; Ellen Scherl, M.D., is establishing a comprehensive program in inflammatory bowel disease, and Susan Pannullo, M.D., was appointed Director of the newly created neuro-oncology program.

At Columbia Presbyterian Medical Center, Mary D'Alton, M.D., a specialist in maternal-fetal medicine, has been named Chief of Obstetrics and Gynecology; Michael Argenziano, M.D., joined the cardiac surgery team, where he brings expertise in robotic surgery; and Hasan Garan, M.D., a nationally known electrophysiologist, is directing the electrophysiology laboratory. In March 2003, David Brenner, M.D., a renowned liver specialist, was named Chief of the Department of Medicine.

Dan Claire, M.D., and Michael Park, M.D., have been recruited for our integrated program in vascular surgery. Dr. Claire is heading vascular surgery at Columbia Presbyterian, while Dr. Park is full time at The Allen Pavilion, introducing a much-needed service to this community.

These physicians join a team of doctors responsible for advancing medicine through their pursuit of innovations in technology and clinical research. Their pioneering work includes the application of robotics to coronary bypass surgery, development of interventional and non-invasive diagnostic and treatment procedures for vascular disease, evaluation of laparoscopic approaches for the treatment of colorectal cancer, investigation of antibody therapy for lymphoma, and exploration of new treatments for brain cancer.

Great strides will be made in our interventional neuroradiology programs through a strategic partnership negotiated with General Electric, which is providing a $2.5 million grant for research and development. And, in his State-of-the-State address, Governor George Pataki stated his intention to build a biotechnology Center of Excellence, based at The Westchester Division.

CARING FOR CHILDREN

In 2002, Gerald M. Loughlin, M.D., a leading authority on children's respiratory disorders, joined us to lead NewYork Weill Cornell Children's Hospital. With the appointment of Dr. Loughlin, pediatrics will expand its presence on the Weill Cornell campus through refurbishment of facilities, strengthening of the research enterprise, and development of relationships with physicians in the community and at our System hospitals.

The new facility of the Morgan Stanley Children's Hospital will stand over 10 stories tall and provide 265,000 square feet of space for inpatient, diagnostic and treatment services.

Morgan Stanley Children's Hospital welcomed Charles Kleinman, M.D., as Chief of Pediatric Echocardiography and Kenneth Glassberg, M.D., as Chief of Pediatric Urology. New program initiatives include a pain management program for children, an MDA-Neuromuscular Center, and a children's Surgical Day Stay Center. Construction of the new 10-story state-of-the-art children's facility is proceeding on time and on budget, with the formal dedication scheduled for November 12, 2003.

SHAPING THE DELIVERY OF HEALTH CARE

In 1999, we embarked on a new model of health care delivery at NewYork-Presbyterian—concentrating the activities of multiple disciplines on specific disease areas. Three years into their formation, service lines are attracting much praise from our clinical leadership, affording them the opportunity for open dialogue on a range of issues, from developing new

programs and recruiting physicians, to purchasing new equipment and technology, to enhancing ancillary and support services.

NewYork-Presbyterian is also at the forefront of defining measures of clinical quality and patient safety, as well as evaluating outcomes using scientific methodology and defining clinical protocols that set standards for delivering quality care. Preventing serious medical errors is the focus of a multimillion dollar grant awarded by the Department of Health and Human Services Agency for Healthcare Research and Quality for a collaborative effort among Columbia University, NewYork-Presbyterian Hospital, Weill Medical College of Cornell University and The University of Chicago Hospitals and Health System. The grant focuses on two error-reporting systems used by NewYork-Presbyterian to help determine best practices.

Collaborative relationships such as these are key to sustaining our leadership in quality improvement and patient safety endeavors and establishing a quality signature that distinguishes NewYork-Presbyterian Hospital from its peers.

ENHANCING OUR ENVIRONMENT

Great progress has also been made in our facilities, with renovations designed to accommodate growth in patient activity, provide a more pleasant care environment, and help recruit the highest caliber of physicians. Notable construction projects include a new neuro intensive care unit, a surgical step down unit, a rehabilitation unit, an endoscopy unit, an acute care geriatric unit, an interventional radiology suite and two new operating rooms at NewYork Weill Cornell.

A new cardiac catheterization lab, endoscopy suite, psychiatry inpatient unit, additional space for cancer care, and the Doris and Stanley Tananbaum Stroke Center opened at Columbia Presbyterian. New MRIs and specialized telemetry systems that enable 24-hour monitoring of acutely ill patients have been installed at both medical centers and new information systems are being implemented Hospital-wide.

We have also launched a new surveillance system called eICU, which uses advanced software and video technology to enhance monitoring of patients in our intensive care units. At The Allen Pavilion, a new telepathology system has been installed in the operating rooms. At The Westchester Division, a new unit

The opening of the Iris Cantor Women's Health Center at NewYork Weill Cornell was celebrated in April 2002.

dedicated to the care of women has opened. We are now contemplating a major initiative that will enhance our ambulatory capacity on both main campuses.

SETTING STANDARDS FOR THE SYSTEM

Our expectations for hospitals and healthcare facilities that are members of the NewYork-Presbyterian Healthcare System are high. The System has made significant progress in the development of a System Standards Initiative which uses external data sources to establish an institutional quality "report card" for members. In addition, representatives from System hospitals are working closely together to develop system-wide treatment protocols.

Clinical programs between System hospitals, the Medical Centers and their respective medical schools continued to grow in 2002, fostering opportunities for member institutions to recruit outstanding faculty and physician leadership. Through these and other efforts, membership in the System is increasingly viewed as desirable and valuable.

COMMITMENT TO THE COMMUNITY

From flu shots to blood drives, and wellness seminars to local fundraisers, NewYork-Presbyterian Hospital is a major presence in its local communities. In collaboration with Columbia University and the New York City Police Foundation, the Hospital provided free counseling to hundreds of officers and their families to help combat the effects of terrorism following September 11, 2001, as well as to make mental health care less stigmatizing and more accessible.

The Hospital's September 2002 blood drive yielded a record 1,076 pints for the New York Blood Center. This was the most ever collected by any organization in the city. Recognizing the Hospital's commitment to community blood programs, America's Blood Centers awarded their Platinum Blood Drive Award to NewYork-Presbyterian. The Hospital also sponsored the largest team in the 2002 Susan G. Komen Breast Cancer Foundation's annual Race for the Cure, winning first prize and raising over $18,000. This fundraiser provides support for "First Saturday in October Breast Cancer Screening Day" at Columbia Presbyterian, which offers screenings to uninsured women.

In September 2002, we marked the anniversary of September 11 with the unveiling of a monument in honor of our four emergency workers who died at the World Trade Center.

CAPITALIZING ON OUR ASSETS

From a financial perspective, the Hospital's performance in 2002 can be considered outstanding. We were able to increase the number of discharges by 4 percent and enhance both our ambulatory and inpatient revenue significantly. This was accomplished through focused efforts in process and revenue cycle improvements. The establishment of a new grant administration and reporting system has enhanced our ability to attract significant grants to the Hospital. In 2002, $30.75 million total grant dollars was received, including $10.7 million from the federal Health Resources and Services Administration to help compensate for losses related to the World Trade Center tragedy.

Our accomplishments are made possible through the foresight of trustees and donors who play a critical role in sustaining our momentum, excellent relationships with our two affiliated medical schools, important

Legions of participants—728 in all and Dr. Pardes among them—helped to make NewYork-Presbyterian number one in the 2002 Race for the Cure.

clinical leadership recruitments, and an administration that practices fiscal discipline without compromising quality. Our challenge now is to capitalize on our assets and maximize revenues not only from patient care activities, but through our philanthropic efforts, investments and expansion of intellectual property, and further development of grant opportunities.

As we dedicate ourselves to becoming the premier academic medical center in the country, we do so in the context of a very difficult economic environment. As with many other institutions, we saw a tremendous impact on the Hospital's investments in 2002, with a loss of almost $20 million. Budget constraints will see Medicare and Medicaid reimbursements decline precipitously; a restructuring of graduate medical education payments will involve further cuts. How to reform health care in the 21st century is a daunting task. We will continue to be a major voice in government, at the federal and state levels, advocating for policies that protect our nation's healthcare system.

At the System's 2002 Quality Retreat, Keynote Speaker Lucian Leape, M.D., said, "Medicine is not about business and it's not about technology. It is about caring for human beings in their hour of need. It's a great privilege and a great trust." At NewYork-Presbyterian, we treasure that privilege and continue to dedicate ourselves to earning our patients' trust.

John J. Mack
Chairman
Board of Trustees

Herbert Pardes, M.D.
President and
Chief Executive Officer

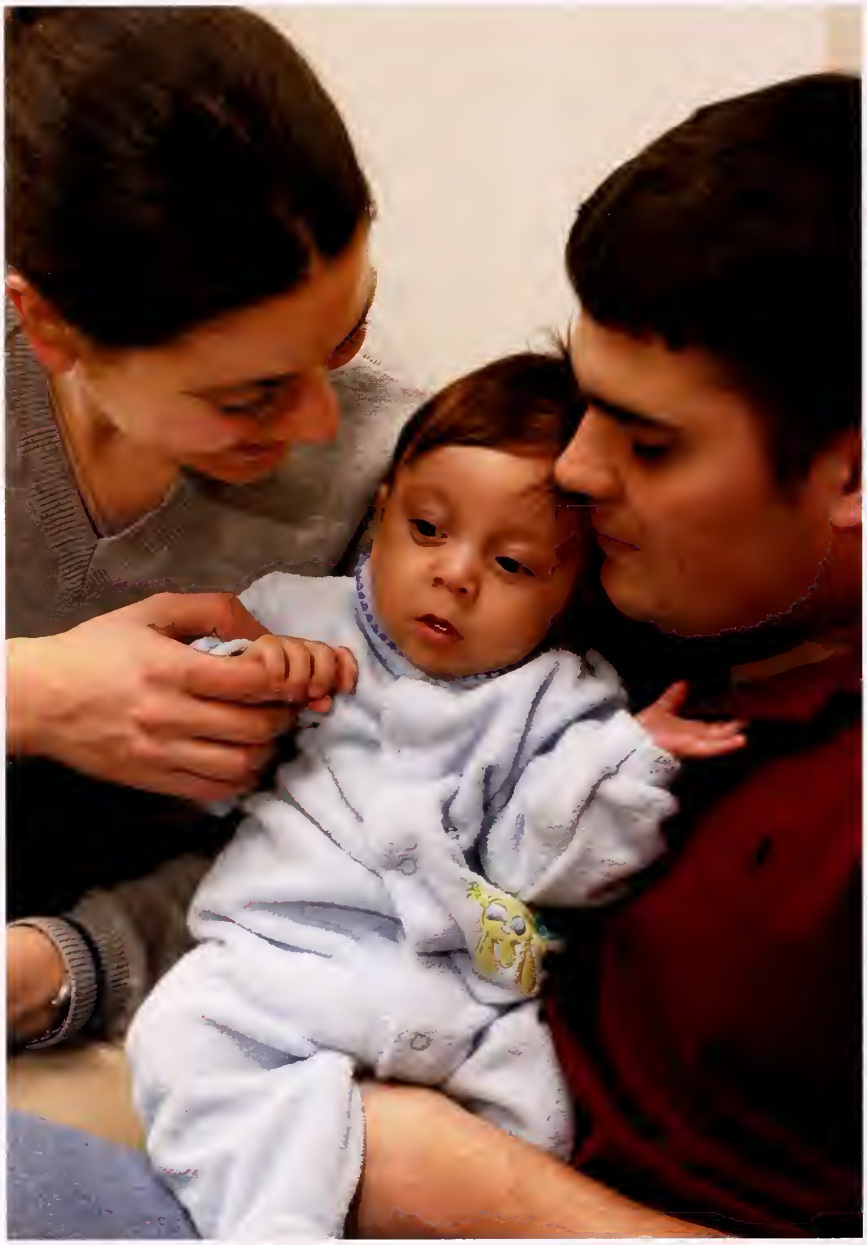
Health Care for a Lifetime

Frank Vitali is less than a year old. Walter Glaeser is 93. Born nearly a century apart, they both benefited from the depth and range of expertise offered at NewYork-Presbyterian Hospital. The patients and families you will meet on the following pages have come to know NewYork-Presbyterian at various stages in their lives. For some, the relationships are long-term. Others have received care for a specific concern and moved on. Whether brief or ongoing, their encounters with the Hospital—from pediatric health care to programs for older adults—have become milestones in their personal histories and experiences they will value for a lifetime.

The Right Start

When Merien Vitali was four months pregnant, she and her husband, Michael, learned they were going to have a boy. They also learned that Mrs. Vitali was carrying a child with omphalocoel—a complex congenital defect in the abdominal wall, which can cause the organs, such as the intestines, liver and stomach, to develop outside the body. "We urgently had to find a doctor who could handle this condition," said Mrs. Vitali. A relative directed them to Charles J.H. Stolar, M.D., Chief of the Division of Pediatric Surgery at Children's Hospital of NewYork-Presbyterian.

Merien and Michael Vitali are relieved to have 5-month-old Frank home with them.



"Newborns with omphalocoel are very difficult to manage as they require the resources of high-risk obstetrics and maternal-fetal medicine during pregnancy as well as pediatric surgeons, neonatalogists and gastroenterologists going forward," notes Dr. Stolar. "We often don't know if we can correct the condition until the baby is born. Because the organs develop outside the body, they often become bigger than the baby because the abdomen ends up very tiny. So the challenge, then, is to get something very big into something very small."

On September 27, 2002, Frank Rocco Vitali was delivered by cesarean section. A large omphalocoel was readily apparent—his intestines fully exposed. Frank would spend the next two and a half months in the Neonatal Intensive Care Unit during which time Dr. Stolar and his team would perform a series of carefully staged surgical procedures to bring the intestines back into the abdomen.

"While most of these defects can generally be corrected, sometimes the abdomen cannot accommodate the organs. In addition, the cardiac and pulmonary function can also

Fellows Robert Cowles, M.D., and Dorothy Rowe, M.D., with Charles Stolar, M.D., see how Brynn Clark is doing following surgeries to correct a congenital defect. Inset: Doctors-to-be: (top) a young and unabashed Charles Stolar, and (bottom) Robert Cowles, at 12, with major league aspirations.

be compromised," says Dr. Stolar, who has managed infants like Frank since joining Children's Hospital of NewYork-Presbyterian 22 years ago.

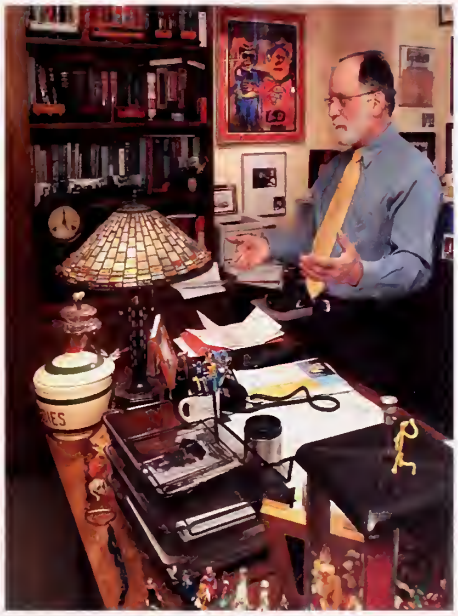
The daughter of Tiffany and Joseph Clark was also diagnosed with omphalocoel antenatally. Advised to terminate the pregnancy by two other regional tertiary institutions because of the magnitude of the defect, the Clarks sought a third opinion. "The condition was certainly very challenging, but as far as we could tell, there was nothing else wrong with the baby except the giant omphalocoel," said Dr. Stolar. "Until we saw the baby, we would not be able to assure the parents whether their daughter had a solvable problem or not. They understood that they might have an unhappy outcome."

Mrs. Clark came under the care of the Hospital's new Center for Prenatal Pediatrics and obstetrician Fergal D. Malone, M.D. Brynn was born by cesarean section on January 18, 2003. Every one of her abdominal organs was on the outside of her body—an overwhelming sight to even the most seasoned health professionals. She would go on to have six operations in six weeks as Dr. Stolar and his team painstakingly resituated the organs within her abdomen.

Frank Vitali and Brynn Clark are both at home now and doing well—having had the right start through the expertise of Children's Hospital of NewYork-Presbyterian.

When Kevin Bayley was born in Pascack Valley Hospital in New Jersey 10 years ago, a life-threatening defect in his heart was met with complete surprise by his parents, Joan and Jim Bayley. Prenatal testing had not revealed that Kevin's heart had only three chambers and several blockages. Zvi S. Marans, M.D., a pediatric cardiologist from Children's Hospital of NewYork-Presbyterian, brought in for

Dr. Stolar brings expertise and compassion to his role as Chief of Pediatric Surgery for Children's Hospital of NewYork-Presbyterian.



Members of the Pediatric Cardiac Transplant Program include (left to right) Rose Rodriguez, R.N., and Jenny Nova, R.N., Transplant Coordinators; Linda J. Addonizio, M.D., Medical Director; Daphne T. Hsu, M.D., Director, Clinical Research; Jacqueline M. Lamour, M.D., and Seema Mital, M.D., Pediatric Cardiology; and Beth Kaufman, M.D., Fellow; and, not shown, Jan M. Quaegebeur, M.D., and Ralph S. Mosca, M.D., Directors, Pediatric Cardiac Surgery. Inset: Dr. Addonizio and Ms. Nova at the age of many of the children they now work hard to save.

consultation, explained that to save his life, Kevin would need immediate surgery. Kevin was transported that night by special ambulance to the Neonatal Intensive Care Unit of Babies and Children's Hospital (now known as Morgan Stanley Children's Hospital of NewYork-Presbyterian). At four days old, he underwent open heart surgery to begin the process of repairing his extensive congenital heart defects. When he was 13 months old, Kevin went into heart failure following a second surgery, and a heart transplant became the only option if he was to survive.

Dr. Stolar was also key in Kevin's care. When Kevin's heart and lungs were unable to work on their own, Dr. Stolar recommended that he be put on extracorporeal membrane oxygenation (ECMO)—a heart and lung bypass machine that could be used on a short-term basis to bridge Kevin to transplant. ECMO, which had its origins in work done at Children's Hospital of NewYork-Presbyterian, would essentially give him back his placenta. But ECMO had its limitations. "The most time we could hope to buy was about seven days," says Dr. Stolar. "After that, ECMO could begin to damage his other organs." On the fifth day, a heart was found, and on January 17, 1994, Kevin received his transplant. In the days following surgery, Kevin had several setbacks, but by March, he was able to go home. Kevin recently had his 20th catheterization and continues to see the transplant team for regular check-ups. Otherwise, his life today is like that of any other 10 year old.

Linda J. Addonizio, M.D., is the Medical Director and one of the founders of the Pediatric Cardiac Transplant Program, having been present at the Hospital's first successful transplant in a child in June 1984. "We have one of the longest and most extensive experience of anybody, having done over 200 pediatric heart transplants. We've become known for doing the undoable. It's been very rewarding."

What makes Dr. Addonizio particularly proud of the program is that it is a team effort focused on the entire family. "If the child is sick, the whole family is affected. And each member of our team is equally important—the physicians, the nurses, the social workers, the child life therapists, and the many specialists involved. The patients benefit from everybody's knowledge."

"In the hours after Kevin was born, Dr. Marans said, 'Bring him to Columbia and we will take care of him,'" recalls Mrs. Bayley. "And they did. They were the best. Twenty miracles had to come true and they took care of each one. Kevin is now 10 years old, nine years since the transplant, and we didn't think we would have him 10 minutes."

When Kevin needed a heart transplant as a baby, the Bayley's community rallied around them. Now, at 10 years old, he needs to bowl a strike, so his friends cheer him on.

Right after surgery, Andy needed a cane to get around. Now walking his sister's dog is helping him to regain his strength.

Andy Flanders credits his sister Iris (above) and his mother for helping him through his surgery. "They were there for me and that's what counts, your family," says Andy.

High Hopes

When you're only in your twenties, you're full of high hopes—whether in college, starting a career, or in the process of identifying some of your life's goals. At 22, Andy Flanders had been working, going to school, playing basketball and weightlifting on the side—particularly proud of his athletic abilities.

Rachel Menell came to New York City from San Francisco two years ago at age 24. She was working as a play therapist with children, and thinking about applying to graduate school for social work.

But sometimes life takes an unexpected direction. For Andy, painful Crohn's disease shifted his focus from school and sports to basic survival. For Rachel, a massive brain hemorrhage derailed her career plans while she pursued a course of treatment for a congenital defect that caused the bleeding.

Crohn's disease is a gastrointestinal disorder that can cause inflammation and ulceration in the lining of the digestive tract. With a history of Crohn's disease and ongoing stomach cramps, Andy Flanders had been under the ongoing care of the gastroenterology services of Columbia Presbyterian. Physicians there kept a close watch on Andy and found that his small intestine was getting narrow. The constriction of Andy's bowel was the result of deep ulcerations caused by the Crohn's disease and is a classic consequence of the disorder. If left untreated, the bowel could become completely obstructed.

As a center of excellence in digestive diseases, NewYork-Presbyterian Hospital offers a comprehensive approach to the care of gastrointestinal disorders through its two academic medical centers: Columbia Presbyterian Medical Center and NewYork Weill Cornell Medical Center. Andy was referred to Jeffrey W. Milsom, M.D., Chief of Colon and Rectal Surgery at NewYork Weill Cornell. Highly regarded among his peers for his expertise in colorectal surgery, Dr. Milsom performs over 300 procedures a year, addressing a variety of complex cases. He has a

Jeffrey Milsom, M.D., develops, investigates and applies the newest surgical techniques to treat colon disease to offer patients the best outcomes possible.

special interest in laparoscopic approaches, and was able to offer Andy a minimally invasive surgical option, performed with an assist from robotics, to correct the intestinal blockage. It would be the first time at NewYork-Presbyterian that robotics would be used for surgery on the small intestine.

"We perform a lot of colorectal surgery routinely, such as minimal access procedures, which are not commonly used around the country," says Dr. Milsom. "These procedures are still major surgeries, but we are able to reduce the length of time patients stay in the hospital, and recovery at home is quicker."

During Andy's surgery on February 6, 2003, Dr. Milsom used robotic tools which enabled him to operate through small incisions with remote controlled instruments and a camera that provides three-dimensional images of the surgical site. In Andy's case, the 3-D images became critical when they showed more extensive disease than revealed during pre-surgical testing. Manipulating the instruments from a computer console, Dr. Milsom was able to remove the diseased sections with precision, minimizing the effect on normal adjacent tissue.

Recovered from surgery to correct a congenital defect in her brain, Rachel is now a first-year student in the Columbia University School of Social Work Master's Program and often spends time studying at her boyfriend's restaurant. Inset: As a young child, neither Rachel nor her parents could have ever suspected what would befall her 20 years later.

"I had a lot of confidence in Dr. Milsom," notes Andy. "He explained everything thoroughly so that I understood exactly what he was going to do."

Soon after New Year's Eve in 2002, Rachel Menell came down with the flu and was suffering its residual symptoms—or so she thought. Waking up one morning with the worst headache she had ever had, which did not let up after four days, Rachel was advised to get an MRI. "At the MRI center, I was told I was having a brain hemorrhage and to get to an emergency room immediately," recalled Rachel. "It was shocking news." Rachel came to NewYork Weill Cornell's Emergency Department, where Philip Stieg, Ph.D., M.D., Chief of Neurological Surgery and a renowned cerebral vascular surgeon, was called down to see her. "Dr. Stieg came into the room and said, 'We're going to take good care of you. This is just going to be a bump in the road. You're going to be okay.'"

"Rachel had just had a massive hemorrhage into her brain," said

Dr. Stieg. "The good news is that she tolerated it quite well with no neurological deficits." The cause was an arterial venous malformation—a vessel that was improperly formed and therefore could not handle the flow of blood in the brain. Correcting the congenital defect would require surgery or radiation therapy.

While she recovered from the hemorrhage, Rachel and her parents thoroughly researched the treatment possibilities and spoke with experts around the country. "We conducted this in-depth study to determine the best place for me to go," says Rachel. "Most physicians agreed that surgery was the better option for someone my age and in otherwise good health. I really took a careful look at all the hospitals and all the doctors I met and ultimately decided from the get go that Dr. Stieg was the person who I trusted most with this situation. It was him hands-down."

Dr. Stieg joined NewYork-Presbyterian Hospital two years ago. In that time, he has brought the most modern advances to NewYork Weill Cornell and recruited top physicians in a number of subspecialties, broadening the Medical Center's areas of expertise to include neurovascular disorders, neuro-oncology, complex spinal surgery, pediatric neurosurgery, movement disorders, epilepsy, trauma, and pain management. Dr. Stieg has also expanded the department's clinical trials, which now include therapies for managing stroke and brain tumors, and initiated the first and only clinical trial for the use of gene therapy in the treatment of Parkinson's disease.

Under Dr. Stieg's direction, the environment for treating patients with neurological conditions has also undergone a transformation. Four operating rooms have been revamped and equipped with the latest microscopes and microsurgical instruments. An intraoperative MRI scanner has been installed that has enhanced the Hospital's capabilities in tumor surgeries. Surgeons have access to the latest in image guided surgical technology. And a new neuro intensive care unit is under construction.

Philip Stieg, Ph.D., M.D., Chief of Neurological Surgery at NewYork Weill Cornell, has assembled a world-class team of subspecialists with one of the largest practices nationwide. The Department's surgeons perform some 2,500 major neurological procedures a year. Inset: Dr. Stieg has exchanged his cowboy hat for surgical attire and is breaking new ground in the OR.

"We spend a considerable amount of time with patients and families, educating them about the disease process and coaching them through treatment so that their expectations at every interventional stage are appropriate," says Dr. Stieg. "I think that is what Rachel and her parents appreciated most."

Mid-Life Crisis

When you meet Denise Bessemer, it's hard to keep up with her. If she's not surrounded by energetic toddlers in the nursery school where she works, she's in front of a classroom as a substitute teacher. With three girls (ages 17, 14 and 11) of her own, she comes home to a household on the go. At age 44, she has just celebrated her 20th wedding anniversary with her husband, Wayne, whom she has known since childhood. No one would suspect she is also in her third year of recovery from colorectal cancer.

At age 41, in the prime of her life, Denise Bessemer was diagnosed with the potentially grave disease. "I had no family history. I don't drink or smoke. I didn't have any warning signs. I was the person that should not be sick," says Mrs. Bessemer. But she was very sick; her cancer was stage 3. And it had taken her by surprise. According to her doctor, Richard Whelan, M.D., Chief, Section of Colon and Rectal Surgery, Columbia Presbyterian Medical Center, the tumor had probably started developing four to five years before it was discovered.

Following treatment for colorectal cancer, Denise Bessemer returned to her preschool position, enriching the lives of young children with her warmth and positive attitude. She's also taken on an additional role, advocating the importance of colorectal screening in the hope that others will benefit from her experience. Inset: Even as a toddler, Mrs. Bessemer had a trademark smile that brightened the lives of those around her.

Richard Whelan, M.D., is a leader in the application of laparoscopic approaches to colorectal surgery, continually exploring methods for enhancing patient outcomes.

When Mrs. Bessemer came to Dr. Whelan for a second opinion, she was on the verge of having surgery at her local hospital in New Jersey. But a friend mentioned that she might want to meet a doctor in New York City who specializes in colorectal cancer. "I had wanted to have the surgery locally so that I could be close to home," noted Mrs. Bessemer. "But once I met with Dr. Whelan, I knew right away this was the place for me. I was admitted to Columbia Presbyterian within a week."

What impressed Mrs. Bessemer was not only Dr. Whelan's compassion, but his ability to perform her surgery laparoscopically—sparing her major trauma and improving her odds that the cancer would not recur. Dr. Whelan and his colleagues have been studying the benefits of laparoscopic surgery for immune system function and suppression of tumor recurrence for several years. Laparoscopic procedures are performed through small incisions to minimize the shock to the body, whereas traditional open surgery requires a very large incision. "We have accumulated a great deal of evidence supporting the theory that performing these surgeries laparoscopically preserves the body's immune system," says Dr. Whelan. "This is important for avoiding infections as well as for possibly lowering the chances of a tumor coming back."

In a recent study carried out in Dr. Whelan's laboratory, it was demonstrated that blood taken from patients who had undergone major open surgery was depleted of a protein that is normally present in the plasma that inhibits tumor growth. The protein in question is insulin-like growth factor binding protein 3 (IGFBP-3). Comparable laparoscopic operations did not appreciably lower the level of this protective protein. "Our study suggests that tumor cells, which persist in some patients' blood after cancer surgery, may be more likely to form a metastases following the traditional "open" operation than after a laparoscopic procedure," notes Dr. Whelan. The results of a randomized trial of colon cancer patients from Spain support this hypothesis, with the rate of survival of the laparoscopic patients significantly greater than for the open surgery patients. "These studies suggest that the way you do an operation, how you get into the abdomen, may have an impact on the cancer patient's outcome."

Dr. Whelan's research team is now carrying out additional studies to learn more about the IGFBP-3 protein, which they believe holds promise as a chemotherapeutic agent. They are also conducting a preliminary clinical trial on a drug used to stimulate immune function that is given prior to and after colon cancer resection to see if the drug lessens or eliminates the immunosuppression that occurs immediately after surgery. Dr. Whelan is also conducting

experimental work with tumor vaccines administered pre-operatively to determine if they are effective in providing the patient the means to fight and kill any tumor cells that may remain after surgery.

While Mrs. Bessemer was undergoing treatment, NBC's Katie Couric was developing her campaign for colon cancer. Ms. Couric enlisted NewYork-Presbyterian in her crusade to save lives after losing her husband—Jay Monahan—to the disease five years earlier. Since then, she has worked tirelessly to raise awareness about colon cancer prevention—culminating in the establishment of the Jay Monahan Center for Gastrointestinal Health at NewYork Weill Cornell. "The foundation of the Monahan Center is public service," says Mark Pochapin, M.D., Chief of Gastrointestinal Endoscopy at NewYork Weill Cornell and the Monahan Center's Medical Director. "We will have a multidisciplinary environment where people have access to all the clinical resources they need in one location complemented by extensive prevention and education programs."

When Alfred I. Neugut, M.D., Ph.D., speaks about preventing colon cancer, physicians listen very closely, knowing the depth of his research in the field.

Physicians and scientists at NewYork-Presbyterian have also taken the lead in cancer prevention research. Alfred I. Neugut, M.D., Ph.D., a renowned cancer epidemiologist and medical oncologist, directs cancer prevention programs at Columbia Presbyterian. A leading authority on cancer prevention and control, Dr. Neugut pursues research in colorectal cancer, benign tumors, and the use of colonoscopy for screening. In 1988, Dr. Neugut and Kenneth Forde, M.D., a prominent colon surgeon at Columbia Presbyterian, published one of the first papers recommending colonoscopy as a routine screening tool. Dr. Neugut is particularly interested in educating primary care physicians about the importance of recommending cancer screening and prevention.

"Most studies indicate that people don't go for cancer screenings because their doctor didn't tell them to," says Dr. Neugut. "Over the past decade, we have been developing methods to encourage physicians to talk to their patients about prevention." A grant from the American Cancer Society has enabled Dr. Neugut, along with Sherri Sheinfeld Gorin, Ph.D., to study an approach called detailing—a technique used by pharmaceutical companies to market their products. "We go right to physician offices to give them information on colon cancer screening," says Dr. Neugut.

"I think of prevention as being the treatment of pre-cancer," says Andrew J. Dannenberg, M.D., Director of Cancer Prevention at NewYork Weill Cornell and an international figure in studies of COX-2 inhibitors and their anticancer properties. "The COX-2 enzyme is present in increased amounts in multiple tumor types and is also over-expressed in a variety of premalignant conditions, including colorectal polyps. In preclinical studies, knocking out the COX-2 gene or treatment with a drug called celecoxib, a selective COX-2 inhibitor, can protect against intestinal tumor formation. The incidence of both benign and malignant tumors of the colorectum was reduced."

The first clinical trial to evaluate the anticancer properties of COX-2 was conducted in patients with familial adenomatous polyposis, a rare genetic disorder which predisposes patients to colon cancer. The study showed, within just six months, that treatment with celecoxib caused a statistically significant reduction in the number of colorectal polyps. So impressive were the results that the study led to FDA approval of the drug for use in this patient population.

"This, in turn, served as a springboard for asking whether or not we might be able to protect against recurrence of pre-cancerous polyps in average individuals. We now have a trial funded by the National Cancer Institute across both Hospital campuses to look at this."

More than 90 percent of individuals who develop colorectal cancer are over the age of 40. Striking at midlife or later, the diagnosis can spark a personal and family crisis. With the efforts of physicians and scientists at NewYork-Presbyterian Hospital, colon cancer may be prevented and can be treated—turning crisis into cure.

Andrew Dannenberg, M.D., collaborates with clinician Carl McDougall, M.D., to evaluate the role of COX-2 inhibitors in colorectal cancer. Inset: As adolescents, Drs. Dannenberg and McDougall displayed the confidence of youth that would carry them into their scientific and medical careers.

Alanne Baerson, Ph.D., keeps herself healthy by working with her gynecologist, Margaret Polaneczky, M.D., maintaining a healthy diet, and exercising her body and mind for long-term fitness. Inset: With her mother, grandmother, and great grandmother, Dr. Baerson is the fourth generation of healthy women.

Wellness Counts

The women in Alanne Baerson's family have a history of longevity. Both grandmothers lived into their mid-nineties. Because Dr. Baerson expects to follow in their footsteps, she is planning ahead personally and professionally by being proactive about preventive health care and continuing to develop her skills as a psychologist. "I want to be healthy to enjoy my life and profession as long as I can," says Dr. Baerson. "It is why, after nearly two decades in city government as an architect and urban designer, I went back to school for a doctorate in psychology. Now I'm doing postdoctoral training in psychoanalysis at New York University. It's why I've done yoga for years and added Pilates recently to build up my core strength." It is also why Dr. Baerson comes every year for annual check-ups with her gynecologist, Margaret Polaneczky, M.D., at the Iris Cantor Women's Health Center.

The Iris Cantor Women's Health Center has its roots in a program founded by Orli Etingin, M.D., nearly a decade ago. Dr. Etingin, who now directs the Cantor Women's Health Center, began her medical career in the research laboratories of NewYork Weill Cornell Medical Center as a hematology oncology fellow. After several years in basic science, she decided it was time to return to her original intentions for a clinical career.

"I began attending meetings in women's health around the country and was troubled that the field seemed so far behind and that data being used by clinicians was fairly primitive," says Dr. Etingin. "It was then I decided to write a proposal to establish a Women's Health Center at NewYork Weill Cornell."

The program was supported by both the Hospital and the Medical College and started with a small group of internists and gynecologists in 1993. By 1998, the original center had grown to one of the largest women's health programs in the city and was due for a major expansion. The timing was perfect, coinciding with the desire by Hospital Trustee Iris Cantor, a longtime friend and benefactor, to fund a major women's health initiative at NewYork-Presbyterian.

The Iris Cantor Women's Health Center was formally dedicated in April 2002, providing women with an extraordinary range of diagnostic services, clinical practices, and educational resources under one roof and making wellness care easily accessible. "What makes this Center unique is that it is a comprehensive clinical program within the context of an academic medical center and nearly every subspecialty is represented," says Dr. Etingin. "We also have facilities for any testing women would need to have—bone densitometry and breast biopsies, as well as routine imaging procedures. And we have an ongoing program of research and education."

"The Center allows me to practice medicine the way I enjoy it," says Dr. Polaneczky, who cares for women of all ages—teenagers as they begin their menstrual cycles through women post-menopause. "I have the opportunity for collaborative practice with doctors outside my specialty and to provide care in a setting where my patients can get virtually any ancillary service they may need."

The patients of Drs. Etingin and Polaneczky are quick to appreciate the value of obtaining their health care through the Center.

"I have no major health problems, but in case I develop one, I'll catch it early," says Dr. Baerson. "I get a complete physical every few years, but never skip my annual gynecological examination. Dr. Polaneczky gives me a complete check-up and sees that I have a mammography, a bone scan if she thinks I need one, and a colonoscopy if it's due...the total package."

Orli Etingin, M.D., Director, Iris Cantor Women's Health Center, and Margaret Polaneczky, M.D., gynecologist, work in close proximity, facilitating consults on patient care. Inset: An inquisitive toddler, Dr. Polaneczky now applies that trait to her career in medicine.

Second Chances

Julia Theran is grateful to someone she will never know. At age 67, Ms. Theran was diagnosed with liver failure and placed on the waiting list for transplant. Her ordeal began approximately 10 months earlier when a dizzy spell brought her to see Mark W. Russo, M.D., a liver disease specialist at NewYork Weill Cornell. Her symptoms were typical of liver failure—accumulation of fluid in her stomach, jaundice and fatigue. Ms. Theran was referred to the Hospital's Center for Liver Disease and Transplantation—a model collaborative program that combines the medical, surgical and radiological resources of Columbia Presbyterian and NewYork Weill Cornell.

"Complications of liver failure can be particularly troubling in older patients, depleting their strength and potentially causing changes in mental status," explains Milan Kinkhabwala, M.D., Surgical Director, Liver Transplantation, NewYork-Presbyterian Hospital. "Ms. Theran's best shot at doing well was to get a transplant as soon as possible so we put her on a special program which accepts donor livers with extended criteria."

On October 23, 2001, Ms. Theran received a second chance at life from a 92-year-old anonymous donor—one of the oldest accepted livers used for transplant in New York State. "The transplant was very successful," says Dr. Kinkhabwala. "The liver functioned perfectly, and she's been restored

When Julia Theran was gravely ill, her life was saved by the Hospital's Center for Liver Disease and Transplantation. Inset: As a young mother, Ms. Theran had the health and vitality to raise her children. When she became sick in her late sixties, her children helped care for her.

Milan Kinkhabwala, M.D., a renowned liver disease specialist and researcher in the field of liver transplant (center), and Jean Emond, M.D., a pioneer of living donor liver transplantation (right), conduct patient rounds with residents and other members of the Hospital's Center for Liver Disease and Transplantation.

to normal health. An older liver does not mean the liver doesn't work and it enabled us to provide Ms. Theran with a donor liver more quickly."

Dr. Kinkhabwala and Jean Emond, M.D., Chief of Transplantation, NewYork-Presbyterian, came to the Hospital from well-known transplant programs in the United States. Together, they have created a comprehensive liver transplant program that is renowned for clinical excellence, therapeutic innovation and scientific advances.

"Our goal was to develop a unified program for the then recently merged Hospital that would capitalize on the resources of both of its medical centers," says Dr. Emond. "Over the last few years, the program has grown tremendously, and we now have plans for a full-fledged liver care center at both campuses, where faculty migrate back and forth—optimizing services for patients."

The Center for Liver Disease and Transplantation follows close to 3,000 patients and has performed over 300 liver transplants. It was one of the first in the world to perform adult living donor surgery and currently has one of the largest and most successful programs. The Center has achieved national recognition for its work in this area and serves as one of the lead clinical settings for a multicenter trial of living donor liver transplants sponsored by the National Institutes of Health. Surgeons here were also among the first to perform a partial liver transplantation, and the Center is at the forefront of research into treatments to enhance liver regeneration and therapies to halt the body's rejection of the new organ.

"We have the personnel, the expertise and the technology to perform the most innovative procedures as well as provide medical management," says Dr. Kinkhabwala. "By working side-by-side with our clinical partners—our hepatologists, radiologists, oncologists, psychiatrists, nurses and other staff—the Center has a tremendous capability to offer seamless care to any patient no matter how complex his or her problem."

In the spacious solarium of The Retreat at Westchester, Harris Stratyner, Ph.D., (far left), leads a cohesive interdisciplinary team of health professionals who meet regularly to discuss and develop consensus on patient treatment plans for recovery from addiction.

Harris Stratyner, Ph.D., The Westchester Division, and David A. Kahn, M.D., Columbia Presbyterian Medical Center, are also well-acquainted with providing second chances for patients. They apply their expertise to the wide range of disorders that can compromise mental health.

Dr. Stratyner directs The Retreat at Westchester, an inpatient rehabilitation facility for adults focusing on recovery from alcoholism and other drug addictions. Dr. Kahn is Director of the Columbia Neuropsychiatric Service of the Department of Psychiatry at Columbia Presbyterian, providing inpatient treatment on the McKeen Pavilion for patients with complex psychiatric, behavioral, emotional and substance abuse problems.

As its name suggests, The Retreat at Westchester provides individuals with a respite from the stresses of their everyday lives so that they can focus on issues related to their chemical dependency and the obstacles that stand in the way of sobriety. "Individuals who come to The Retreat have high-profile careers or live their lives constantly in the public eye," says Dr. Stratyner. "We have created a therapeutic environment that guarantees privacy for patients and their families."

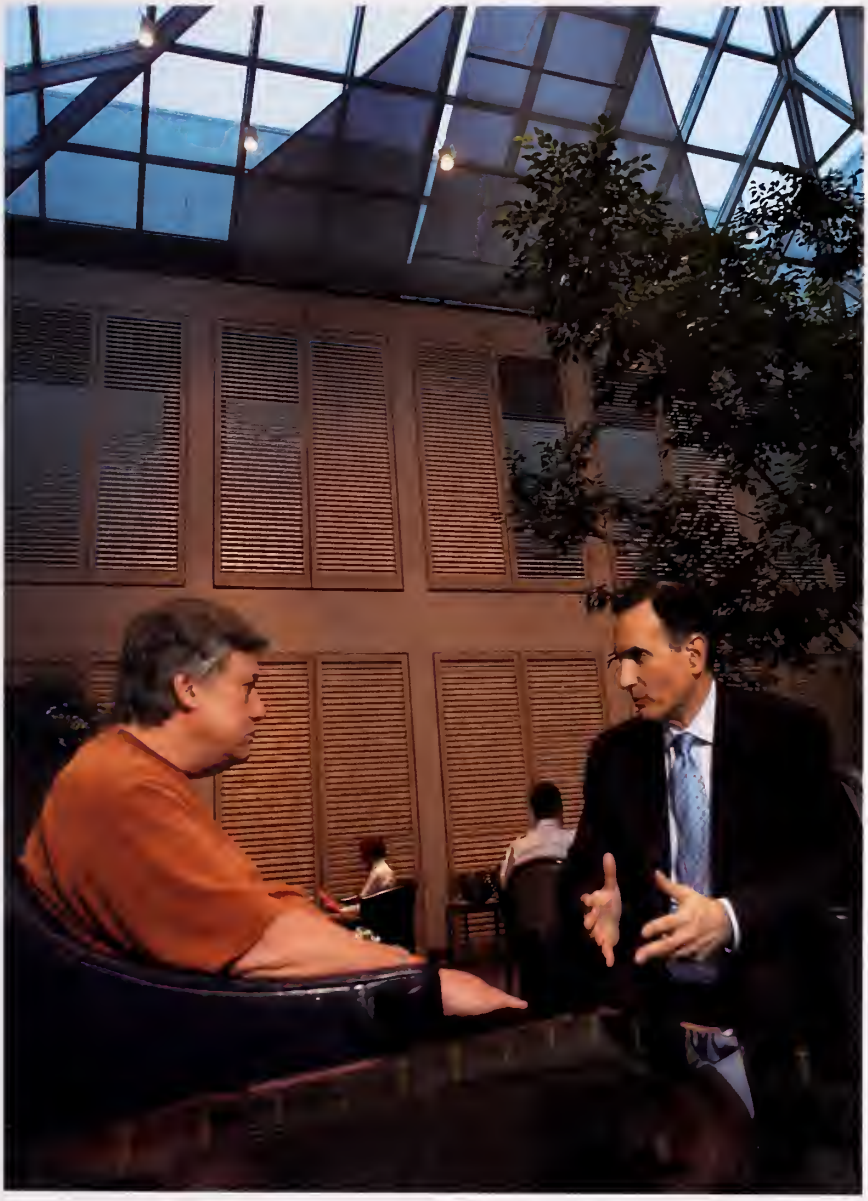
In particular, The Retreat has acquired a reputation for treating people who have not had success in other rehab facilities. Dr. Stratyner and his colleagues attribute this, in part, to a focus on caring for patients with co-existing disorders —those who not only have problems with substance abuse but also suffer from depression or another psychiatric diagnosis. In addition, the collective experience among the program's staff of psychiatrists, psychologists, social workers and other mental health professionals, their credentials as substance abuse counselors and addiction specialists, and a shared philosophy on treatment are significant factors in The Retreat's ability to make a difference.

"In our approach, we hold people responsible for their disease, but we don't blame them for the disease," says Dr. Stratyner. "Alcoholism and other drug addictions are progressive and potentially fatal if left untreated. While they cannot be cured, they can be arrested and treated, enabling

patients to begin a new life."

In the Columbia Neuropsychiatric Service on the McKeen Pavilion, Dr. Kahn, along with Jeffrey Pines, M.D., and Carolyn Douglas, M.D., sees patients who are admitted for acute treatment of a psychiatric disorder, most commonly, depression, as well as people who have been suffering for years despite treatment. "Although important medications now exist for depression, bipolar illness, schizophrenia and anxiety disorders, frequently these treatments are not working as they should," says Dr. Kahn. "This may be because the person hasn't been properly diagnosed. There may be complicating factors in his or her life so that the treatments do not have an opportunity to work. Or an underlying medical illness may be contributing. Our job is to untangle the diagnosis, understand the full range of the person and the many factors, including biochemical, that can interfere with treatment, and then intervene accordingly."

Dr. Kahn and his team are highly regarded for their meticulous evaluation process and for developing strategies to prevent relapse. "The most important thing to know about serious mental illness is that the cure may not happen rapidly," says Dr. Kahn. "We want to understand an individual's psychology and what his or her environment is like, as well as what we can do biochemically to stabilize the way the brain functions. We practice the bio-psychosocial approach to mental illness, putting together medication with the right kind of psychotherapy to help someone with their emotions, their cognitions and their social circumstances."



David Kahn, M.D., (right) talks with a patient in the atrium of the new McKeen Pavilion at Columbia Presbyterian, which provides a therapeutic environment with many amenities for personal comfort. Inset: As a child, David Kahn gave an early indication of his listening skills.

Mercedes Ramos can enjoy good health, visits from her children and grandchildren, walking around the neighborhood, and sewing—one of her favorite pastimes—thanks to ongoing preventive care provided by her cardiologist, Elsa-Grace Giardina, M.D. Below: Mrs. Ramos, in 1948, at 24 years old.

Aging Gracefully

Mercedes Ramos remembers the exact date of her first heart attack even though it was 15 years ago. On October 14, 1987, she felt sick to her stomach and asked her husband to take her to the emergency room. It was fortunate that she did—as she was in the throes of a major heart attack. At age 63, it was the first time she had been in a hospital since delivering her children. "The only thing I recall is opening my eyes a few days later and my son saying, 'Mommy, you're very sick; you have to stay here for a few days. So don't get impatient.' I remember him saying that as if it was yesterday."

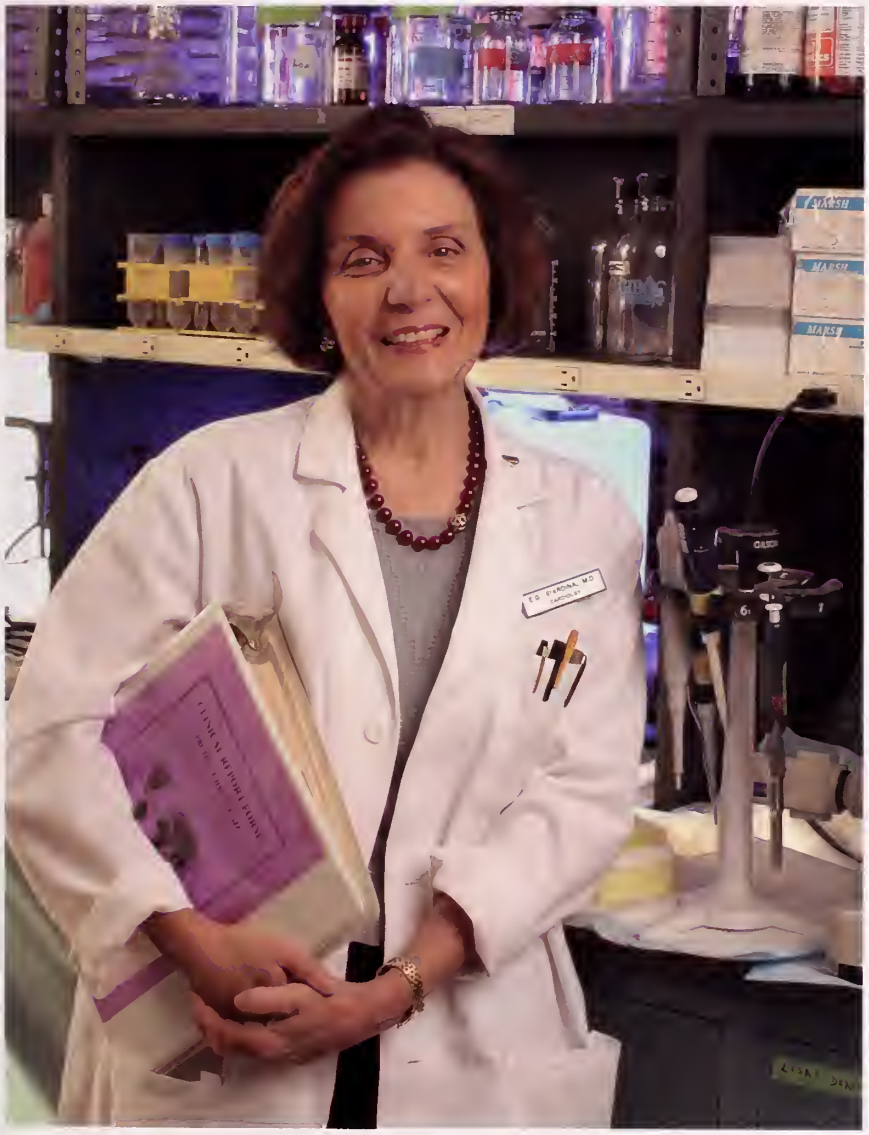
Since that time, Mrs. Ramos has been a patient of Elsa-Grace Giardina, M.D., a cardiologist with the Columbia Presbyterian Medical Center and Director of the Center for Women's Health at Columbia Presbyterian/Eastside. An avid researcher in the field of heart disease in women, Dr. Giardina pursues several scientific interests, including the effects of medication on biological mechanisms, emerging cardiovascular risk factors such as inflammatory markers, the role of estrogen in heart attack and stroke, and medicines that may reduce heart disease risk.

In 1996, Dr. Giardina was recognized with the "Award of Excellence" presented by Governor George Pataki for her progressive research in cardiac disease in women and for founding and developing the unique interdisciplinary program in women's health at Columbia Presbyterian. "The Center for Women's Health delivers coordinated, comprehensive care to women throughout all stages of their lives to help them achieve and maintain good health," says Dr. Giardina. "Our physicians are also involved in important research, enabling them to apply scientific advances to medical therapies as quickly as possible." Now in its tenth year, the Center sees more than 7,000 patients annually for primary and specialty care.

With Mrs. Ramos, Dr. Giardina's goal was to try and prevent a second heart attack. "She has many of the factors that put her at risk—high blood pressure, elevated cholesterol, and the stresses of having lost her husband several years ago to heart disease and currently caring for an elderly mother," says Dr. Giardina. "Because she is such a conscientious patient—she takes the medications we recommend and follows through on all appointments—we have been able to prevent a second attack all these years."

The partnership between Dr. Giardina and Mrs. Ramos for more than a decade has clearly translated into good health. Understanding her risks for heart disease, Mrs. Ramos took advantage of the many resources available through Dr. Giardina and Columbia Presbyterian. "We were able to assess her cardiac health using our catheterization lab, our echo laboratory, exercise stress testing and all the other non-invasive laboratories so that we could chart any changes in the course of her disease and treat appropriately."

Through the blending of her clinical skills and scientific expertise and the establishment of the Center for Women's Health, Dr. Giardina has been able to help Mrs. Ramos, now 79 years old, and thousands of other women grow older with grace and good health.



Elsa-Grace Giardina, M.D., directs the Cardiovascular Clinical Pharmacology Laboratory, where she investigates the effects of medications on biological mechanisms of disease. Inset: Dr. Giardina started at Columbia Presbyterian as a resident some 30 years ago.

Living Longer

Nonagenarian Walter Glaeser has been a witness to incredible moments in history, including the inauguration of 16 presidents, a walk on the moon, and cures for smallpox and polio. Cardiac surgery is allowing him to enjoy many more. Inset: Mr. Glaeser grew up in Wisconsin, where his father, a minister, had several parsonages.

Walter Glaeser epitomizes a new generation of nonagenarians—people living with vim and vigor well into their nineties. At 93 years of age, Mr. Glaeser has served in the Navy, obtained a master's degree from Northwestern University, and studied for a Ph.D. at the University of Chicago. He has been a college professor, worked with titans of industry and assisted in the financing of several new companies that, for more than 30 years, have been operating successfully, and played a great deal of tennis. Today, he manages the trusts of family members and business associates and sits on the board of directors of two of the companies he helped to organize.

A few years ago, Mr. Glaeser's active schedule was curtailed when he began to have trouble breathing. The symptoms led to a diagnosis of heart

failure caused by a leaking mitral valve. The condition, not uncommon for someone of Mr. Glaeser's age, could be repaired surgically. Mr. Glaeser was referred to Karl H. Krieger, M.D.,Vice Chairman, Department of Cardiothoracic Surgery, NewYork Weill Cornell. "I met with Dr. Krieger and he decided I was young enough to be operated on," recalls Mr. Glaeser, who was then 87.

Older individuals are frequently referred to Dr. Krieger and his team because of their reputation in caring for elderly and high-risk cardiac patients. When Dr. Krieger was a medical student at Johns Hopkins University School of Medicine, his father's bypass operation piqued his interest in the field of cardiovascular surgery. "I saw what a positive response he had to the surgery and the effect it had on our family," recalls Dr. Krieger. He pursued the specialty, and in 1985, joined the staff of NewYork Weill Cornell.

Over the years, Dr. Krieger has seen his patient population age, and, as a result, he became very involved in making cardiovascular surgery safer for the elderly. "We do not turn down any patient because of their age," says Dr. Krieger, who in collaboration with his colleagues at NewYork Weill Cornell, has studied the outcomes of over 600 bypass patients during the past decade. "We have participated in two research programs sponsored by the National Institutes of Health to look at the causes of neurological and cognitive impairment in patients who had bypass surgery," says Dr. Krieger. "We learned that keeping the blood pressure high during surgery makes the procedure safer for elderly patients.

Dr. Krieger and his colleagues have also just published the results of their research on cardiac outcomes in a series of 42 patients over the age of 90—the largest experience ever reported on—who underwent open-heart procedures during the past 10 years. The report substantiates that with "improving techniques and greater attention to detail, select nonagenarians can safely undergo cardiac surgery."

With their focus on the ramifications of cardiac surgery on the older adult, Dr. Krieger and an outstanding team of surgeons, cardiologists, and nursing staff at NewYork-Presbyterian Hospital are not only helping patients live longer, they are helping them enjoy quality of life.

Karl Krieger, M.D., and Donna Reilly, R.N., look in on 88-year-old Harold Berk, who is recovering from bypass surgery. Inset: Long before they worked together, Karl Krieger was making an impression with his catch of the day, while Donna Reilly was making fashion statements. Today, they're leaving their mark in the care of the elderly.

THROUGH A SERVICE LINE APPROACH, THE HOSPITAL'S RESOURCES CAN BE COORDINATED EFFECTIVELY AND DEVELOPED STRATEGICALLY TO PROVIDE THE BEST POSSIBLE CARE FOR PATIENTS.

Redefining Health Care

When patients come to NewYork-Presbyterian Hospital for care, treatment for their illness often requires the contributions of many specialties. In 1999, NewYork-Presbyterian embarked on a new strategic model of health care delivery—one that would be patient-centered, concentrating the activities of multiple disciplines on specific disease areas. "This approach—which we call *service lines*—became the vehicle for organizing our clinical enterprise, encouraging collaborations between doctors and health professionals from various fields and across campuses, and facilitating the development of uniform standards and best practices for clinical care," says Steven J. Corwin, M.D., Senior Vice President and Chief Medical Officer, NewYork-Presbyterian Hospital. "This dynamic and ongoing approach has helped us to redefine health care at NewYork-Presbyterian, fostering new clinical partnerships and facilitating patient access to comprehensive and high quality programs and services." The Hospital currently has dedicated service lines in behavioral health, cardiovascular care, children's health, digestive diseases, geriatrics, neuroscience, oncology, transplant, vascular programs, and women's health. Following is a look at some of their recent initiatives.

BEHAVIORAL HEALTH

NewYork-Presbyterian Hospital's behavioral health and psychiatric services for adults, children and adolescents are among the largest and most comprehensive in the country, with programs offered at The Payne Whitney Clinic and The Westchester Division of Weill Cornell, the Columbia Presbyterian Medical Center, and the New York State Psychiatric Institute. Building on the expertise available at these prestigious centers, the behavioral health service line has developed a range of new programs designed to meet the needs of specialized populations. These include Columbia Neuropsychiatric Service, a diagnostic center providing comprehensive evaluations of neurological, medical, psychological and social factors in patients who are not responding to standard courses of treatment; The Retreat at Westchester, an adult inpatient program for patients with chemical dependency and dual diagnosis, offering clinical services as well as many personal amenities; The Haven at Westchester, a premier inpatient setting for adults in need of treatment for all major psychiatry disorders, including affective, psychotic, dual diagnosis, and personality disorders; and a 25-bed Women's Program, also at The Westchester Division, tailored to meet the needs of women who may respond better to treatment in a single-gender environment.

Jack Barchas, M.D., Chief, and Philip J. Wilner, M.D., Medical Director, Psychiatry, NewYork Weill Cornell, and Frederic Kass, M.D., Medical Director, and B. Timothy Walsh, M.D., Acting Chief, Psychiatry, Columbia Presbyterian, direct the Behavioral Health Service Line.

CARDIOVASCULAR

The Columbia Cornell Heart Institute, which provides expertise in all areas of cardiac care for adults and children, including heart transplantation, open heart surgery, and arrhythmia control, has garnered a reputation for innovative and pioneering work in

the treatment of heart disease. Its recent groundbreaking achievements include the first robot-assisted coronary artery bypass surgery in the country; use of the LVAD (left-ventricular assist device) as a long-term treatment for patients with end-stage heart disease, and research to stimulate the regeneration of blood vessels to reverse cardiovascular disease. In addition, the Institute pursues the development of strategies to improve clinical effectiveness, including an acute coronary care protocol for patients who come into any of the Hospital's emergency rooms with cardiac symptoms, and the development of cardiac cluster units so that the coordination of patient care is facilitated.

Karl Krieger, M.D., Vice Chairman, Cardiothoracic Surgery, NewYork Weill Cornell; Allan Schwartz, M.D., Chief, Cardiology, Columbia Presbyterian; O. Wayne Isom, M.D., Chairman, Cardiothoracic Surgery, NewYork Weill Cornell; Mehmet Oz, M.D., Vice Chairman, and Eric Rose, M.D., Chairman, Department of Surgery, Columbia Presbyterian; Bruce Lerman, M.D., Chief, Cardiology, NewYork Weill Cornell; and Craig Smith, M.D., Chief, Cardiothoracic Surgery, Columbia Presbyterian, direct the Cardiovascular Service Line.

CHILDREN'S HEALTH

Through Children's Hospital of NewYork-Presbyterian, pediatric patients benefit from the outstanding resources of Morgan Stanley Children's Hospital and NewYork Weill Cornell Children's Hospital. The Hospital is ranked among the top five pediatric hospitals in the country by *U.S. News & World Report* and is the only children's hospital in the tri-state area to earn recognition. The Hospital enjoyed an impressive year in 2002 beginning with the appointment of Gerald M. Loughlin, M.D., as Pediatrician-in-Chief at NewYork Weill Cornell. Morgan Stanley Children's Hospital celebrated the opening of the new Surgical Day Stay Center and the establishment of the MDA-Neuromuscular Center and Pediatric Pain Management Program. The Children's Hospital Critical Care Transport System expanded significantly, enhancing service and response time. And, in November 2003, the new Morgan Stanley Children's Hospital building will open as one of the most technologically advanced children's hospitals in the world.

R. Peter Altman, M.D., Vice President, Medical Affairs, Children's Health Network; Gerald M. Loughlin, M.D., Pediatrician-in-Chief, NewYork Weill Cornell; and John M. Driscoll, Jr., M.D., Physician-in-Chief, Morgan Stanley Children's Hospital, guide the development of the Children's Health Service Line.

DIGESTIVE DISEASES

The physicians and scientists who comprise the digestive diseases programs of NewYork-Presbyterian are advancing the understanding, diagnosis, treatment and prevention of gastrointestinal, hepatobiliary, pancreatic and nutritional disorders through research and innovations in practice. They have made major advances using endoscopic techniques to diagnose and treat pancreatic and biliary disease, and continue ongoing research in key areas, including viral hepatitis and digestive cancers. Recent highlights include the establishment of the Minimal Access Surgery Center, which is at the forefront of laparoscopic and robotic

Ira M. Jacobson, M.D., Medical Director, Center for Hepatitis C, and Jeffrey W. Milsom, M.D., Chief, Colon and Rectal Surgery, NewYork Weill Cornell, and Peter D. Stevens, M.D., Division of Digestive and Liver Diseases, and Richard Whelan, M.D., Chief, Colon and Rectal Surgery, Columbia Presbyterian, head the Digestive Diseases Service Line.

techniques for treating digestive disorders. Both campuses have new endoscopic facilities, providing state-of-the-art clinical environments.

GERIATRICS

Mark Lachs, M.D., Co-Chief, Division of Geriatrics and Gerontology, NewYork Weill Cornell; Charles Cain, M.D., Medical Director and Chief, Anesthesiology, The Allen Pavilion; Ronald Adelman, M.D., Co-Chief, Division of Geriatrics and Gerontology, NewYork Weill Cornell; and Gerald Ridge, M.D., Chief of Medicine and Director, Clinical Geriatrics, The Allen Pavilion, are developing the Geriatrics Service Line.

In 2002, NewYork-Presbyterian inaugurated its geriatrics service line—developing a program strategy based on clinical care, research and education that would harness the extraordinarily diverse resources available at each of the Hospital's campuses. Among the top priorities of the service line directors was to create specialized ACE (acute care for the elderly) units at NewYork Weill Cornell and at The Allen Pavilion, which focus on restoring patients to their optimal level of functioning as quickly as possible. In addition, HealthOutreach, a longstanding community service program for older adults that originated at NewYork Weill Cornell, has been expanded to the communities served by Columbia Presbyterian and The Allen Pavilion.

NEUROSCIENCE

The NewYork-Presbyterian Neuroscience Centers provide the most advanced treatment and leading edge clinical trials available for adult and pediatric neurologic disease. Areas of expertise and particular focus include stroke/cerebrovascular disease, epilepsy, multiple sclerosis, Alzheimer's, movement disorders, neuro-oncology, neuromuscular disease, peripheral nerve and spinal disorders. The Centers' physicians

(Seated) Robert A. Solomon, M.D., Chief, Neurological Surgery, Columbia Presbyterian; M. Flint Beal, M.D., Chief, Neurology, NewYork Weill Cornell and (standing) Timothy A. Pedley, M.D., Chief, Neurology, Columbia Presbyterian; and Philip E. Stieg, Ph.D., M.D., Chief, Neurological Surgery, NewYork Weill Cornell, oversee Neuroscience programs.

are leaders in the development and use of neuro-endovascular therapy—a new, minimally invasive, approach combining the disciplines of neurosurgery, interventional neuroradiology and neurology—to treat a variety of conditions including aneurysms, arteriovenous malformations, ischemic and hemorrhagic stroke—often stopping the progression and potentially reversing the damage caused by stroke. To accommodate the growth in this field, a second bi-plane angiography suite was installed at Columbia Presbyterian with a third planned for next year. A second bi-plane angiography suite and an intraoperative MRI are being installed at Weill Cornell this year. Both Centers have expanded their comprehensive inpatient Epilepsy Monitoring Units. Columbia Presbyterian also has one of the most advanced Neuro ICUs in the region; a comparable unit is being constructed at Weill Cornell.

ONCOLOGY

Nasser K. Altorki, M.D., Director, Division of Thoracic Surgery, NewYork Weill Cornell; Karen Antman, M.D., Chief, Division of Medical Oncology and Director, Herbert Irving Comprehensive Cancer Center, Columbia Presbyterian; Roy L. Silverstein, M.D., Chief, Division of Hematology and Medical Oncology, NewYork Weill Cornell; and Howard Kaufman, M.D., Vice Chairman, Surgical Oncology and Associate Director, Herbert Irving Comprehensive Cancer Center, Columbia Presbyterian, lead the Oncology Service Line.

The cancer programs of NewYork-Presbyterian Hospital draw on the scientific and clinical excellence of the Herbert Irving Comprehensive Cancer Center of Columbia Presbyterian—one of only three NCI-designated comprehensive cancer centers in Manhattan—and the NewYork Weill Cornell Cancer Center. The Centers offer state-of-the-art diagnostic modalities and advanced therapies for all types of cancer. In addition, the depth of oncology research at the Hospital is extraordinary, including major clinical trials for new therapies, as well as pioneering work in new drug development and immunotherapy, and surgical techniques, such as skin sparing mastectomies, nerve sparing surgery in prostate cancer, and minimally invasive surgery for colon cancer. Recent developments include the opening of breast centers and infusion centers on both campuses, a Pediatric Oncology Center at Columbia Presbyterian and a center for stem cell treatment at NewYork Weill Cornell.

TRANSPLANT

Manikkam Suthanthiran, M.D., Chief, Transplantation Medicine and Extracorporeal Therapy, NewYork Weill Cornell, and Jean Emond, M.D., Chief, Transplantation, Columbia Presbyterian, co-chair the Transplant Service Line.

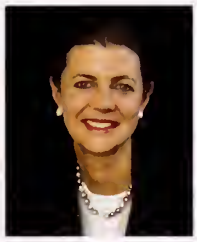
With incomparable expertise and experience in transplant for heart, lung, kidney, liver and pancreas, NewYork-Presbyterian Hospital is at the forefront of progress in surgical transplant techniques and the development and improvement of anti-rejection medications. Through the transplant service line, the Hospital has created a comprehensive outpatient transplant center to coordinate the multiple clinical and ancillary support services needed by transplant patients and their families, established an inpatient comprehensive transplant unit at Columbia Presbyterian, which integrates disciplines relevant to the care of these patients, and has plans to develop a pre-evaluation transplant program at NewYork Weill Cornell. With more than 385 transplants performed annually, the Hospital has recently hired a nurse director for transplant programs to support the service line and promote continuity of care for patients.

VASCULAR

Ziv J. Haskal, M.D., Director, Vascular and Interventional Radiology, Columbia Presbyterian, and K. Craig Kent, M.D., Chief, Vascular Surgery, NewYork-Presbyterian Hospital, co-chair the Vascular Service Line.

The Hospital's integrated clinical team of vascular surgeons, interventional radiologists and interventional cardiologists is greatly influencing the care of patients with vascular disease. Through the recent establishment of the vascular service line, diagnostic, medical, interventional and surgical services are provided for all aspects of vascular disease, with particular expertise in the treatment of aortic aneurysms, carotid artery disease, and diseases of the veins.

WOMEN'S HEALTH



Frank A. Chervenak, M.D., Chief, Ob/Gyn, NewYork Weill Cornell and Mary D'Alton, M.D., Chief, Ob/Gyn, Columbia Presbyterian, head the Women's Health Service Line.

The Hospital's longstanding commitment to women's health is being strengthened with the appointment of Mary D'Alton, M.D., as Chief of Ob/Gyn at Columbia Presbyterian. Both campuses have had substantial growth in obstetrical volume over the last few years, as well as growth in the numbers of women followed for complex fetal diagnostic care, infertility, and complex medical conditions. Programs are being enhanced in reproductive medicine, maternal-fetal health, and gynecologic oncology as well as in comprehensive care through The Center for Women's Health at Columbia Presbyterian/Eastside and the Iris Cantor Women's Health Center at NewYork Weill Cornell.

Development Report

NEWYORK-PRESBYTERIAN HOSPITAL IS EXTREMELY GRATEFUL FOR THE CONTINUED SUPPORT IT RECEIVES FROM THOUSANDS OF FRIENDS EACH YEAR.

Cardiac care at NewYork-Presbyterian Hospital got a boost from the Hospital's *2002 Gala* attended by Eric Rose, M.D., Chairman, Department of Surgery, Columbia Presbyterian; Trustee Lionel Pincus; Herbert Pardes, M.D., President and CEO, NewYork-Presbyterian Hospital; O.Wayne Isom, M.D., Cardiothoracic Surgeon-in-Chief and Bruce B. Lerman, M.D., Chief, Cardiology, NewYork Weill Cornell; Allan Schwartz, M.D., Director, Cardiology, Columbia Presbyterian; and Trustee Jerry Speyer.

Launching the Morgan Stanley Children's Hospital *Campaign Countdown Celebration* are Peter Altman, M.D., Vice President, Medical Affairs, Children's Health Network; John M. Driscoll, Jr., M.D., Physician-in-Chief; Trustee Robert Scott, President, Morgan Stanley; Herbert Pardes, M.D.; Enrico Lignati, Manager, Pharmacy Services; Cynthia N. Sparer, Executive Director, Children's Hospital of NewYork-Presbyterian; and Trustee Dan Burke, Retired President, Capital Cities/ABC.

In 2002, the Hospital received nearly $77 million in new gifts and pledges from individual, foundation, and corporate donors. This generosity made possible tremendous strides in programs and helped us to enhance the environment in which patients are served.

At Columbia Presbyterian Medical Center, an exceptional pledge of nearly $15 million from Life Trustee Herbert Irving and his wife, Florence, is expanding the Irving Oncology Program. NewYork-Presbyterian Hospital also received a major bequest from the estate of Sherlock Hibbs. These monies will be used for Sloane Hospital and other priority needs; Sloane Hospital also received a $1 million donation from Trustee Mark Schwartz, and his wife, Lisa. The Kreitchman Family Foundation donated $1 million for an endovascular suite. The Eugene M. Lang Foundation made a gift of $1.25 million for the Lang Youth Medical Program.

At NewYork Weill Cornell Medical Center, a $1.5 million donation by the Verizon Foundation made possible specialized MRI capabilities. A $1 million gift from Howard Solomon supported the renovation of the Carolyn B. Solomon Neurological Surgery Suite.

A $1 million gift from the Leonard and Evelyn Lauder Foundation is supporting a cross-campus nosocomial infection program. An anonymous gift of $1 million is funding the establishment of the Borderline Personality Disorder Resource Center.

CONTRIBUTIONS FOR CHILDREN

Fundraising efforts for the new Morgan Stanley Children's Hospital continued with great success. As of April 2003, $99 million has been raised toward the $120 million goal, including a $2 million Kresge Foundation Challenge Grant. We also received a pledge of $2 million from the Samberg Family Foundation for various programs in pediatrics, in addition to their earlier gift for the new building.

The *Heartbeat Cabaret*, held on February 28, 2002, brought in $250,000 for the Babies Heart Fund of the Columbia Cornell Pediatric Cardiovascular Center. The event inaugurated the Golden Heart Award, which was presented to E. Robert Roskind. Mr. Roskind and his wife joined Mr. and Mrs. Brian McCarthy and Mr. and Mrs. John J. Mineo as event co-chairs.

The annual *Friends of Hope & Heroes Children's Cancer*

Herbert Pardes, M.D.; Antonio M. Gotto, Jr., M.D., Stephen and Suzanne Weiss Dean, Weill Cornell; Anita Gotto; Co-Chair Bonnie Sacerdote; Trustee and Co-Chair Louis Gary; and Weill Cornell Overseer and Co-Chair Peter Sacerdote along with some 1,000 guests made *Cabaret! 2002* a resounding success.

Mark Pochapin, M.D., Medical Director of the new *Jay Monahan Center for Gastrointestinal Health,* joins Lisa Paulsen, President and CEO of the Entertainment Industry Foundation; NBC *Today* show co-anchor Katie Couric; and Herbert Pardes, M.D., in announcing the establishment of the new Center named in honor of Ms. Couric's late husband.

Fund golf tournament, held on June 3, 2002, raised $400,000 for the Herbert Irving Child and Adolescent Oncology Center. The Oncology Center also received support from the proceeds of a benefit concert held on September 16, 2002.

NewYork-Presbyterian Hospital and Weill Cornell Medical College hosted the 14th Annual *Light Up A Life* benefit on November 16, 2002, at FAO Schwarz for 1,200 children and their parents. The event brought in $134,000 for the Divisions of Child Protection and Pediatric Cardiology, the Big Apple Circus Clown Care Unit, and the Children's Emergency Fund.

The first Pollin Prize in Pediatric Research was awarded in November to four clinician-scientists for their contributions to the discovery of oral rehydration therapy. The annual prize was created by Irene and Abe Pollin and their family through a gift of $2.75 million from the Linda and Kenneth Pollin Foundation.

CELEBRATIONS FOR A CAUSE

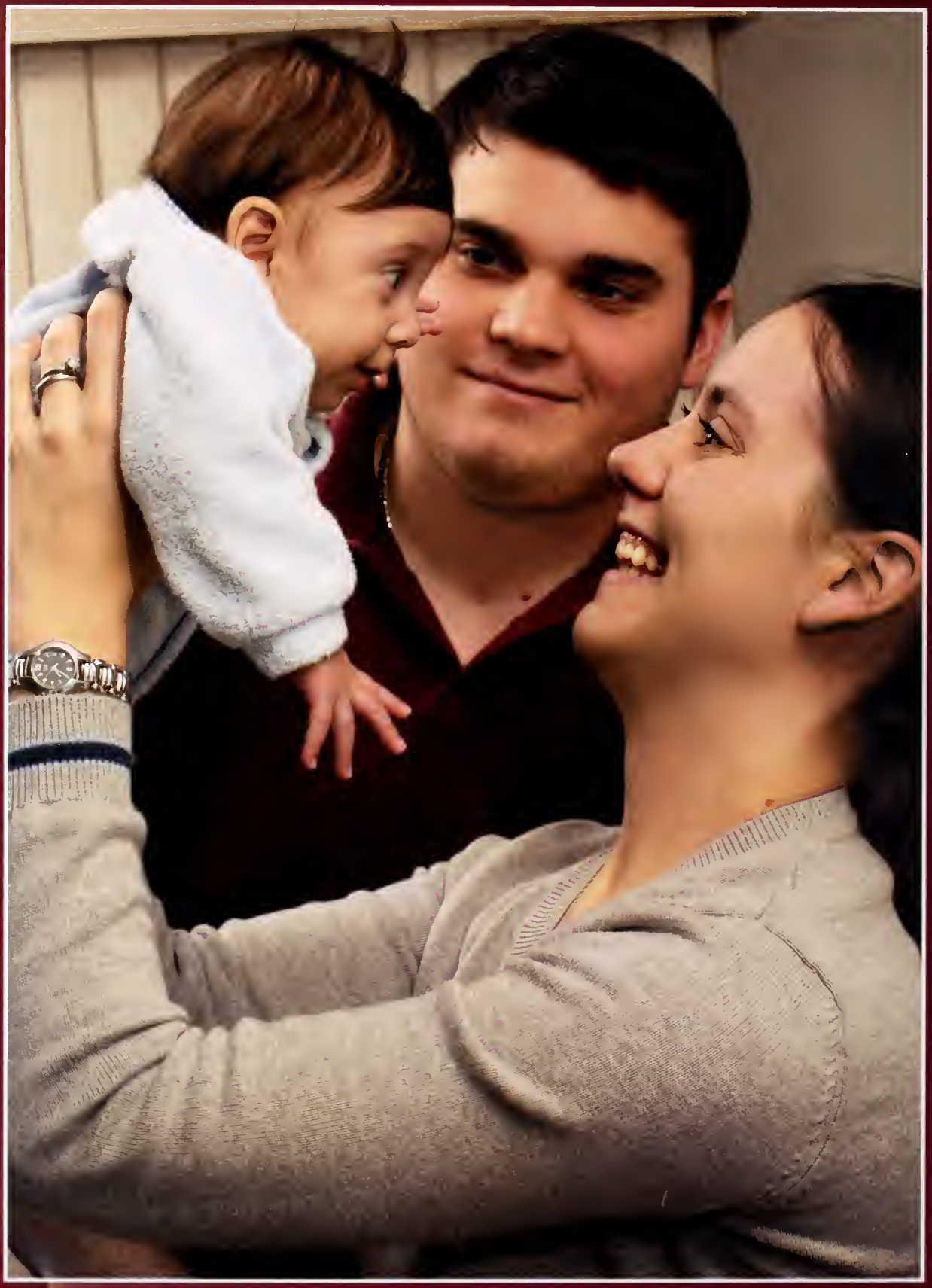
Throughout 2002, friends gathered in a number of venues to celebrate the accomplishments of the Hospital and contribute to its causes. On April 11, Oscar de la Renta and Bergdorf Goodman held a fashion show and luncheon raising over $184,000 to benefit the Department of Obstetrics and Gynecology/Lying-In Hospital of NewYork-Presbyterian and Weill Cornell Medical College. The formal dedication of the Iris Cantor Women's Health Center, a collaborative effort between the Hospital and Medical College, took place on April 24, 2002. The Center was made possible through a leadership gift from Mrs. Cantor, and further supported in 2002 with a $1 million contribution from Stanley and Fiona Druckenmiller and a $1 million gift from Trustee Lisa Perry.

On April 26, 2002, the annual *Gala* of NewYork-Presbyterian Hospital raised more than $2.367 million to support cardiac care at both Columbia Presbyterian Medical Center and NewYork Weill Cornell Medical Center. The event was co-chaired by Trustees Lionel Pincus and Jerry Speyer.

On October 28, 2002, NewYork Weill Cornell Medical Center held its annual *Cabaret!* fundraiser, with 1,000 guests in attendance. The evening brought in $2.175 million for NewYork-Presbyterian Hospital and Weill Cornell Medical College. Trustee Louis Gary served as co-chair along with Weill Cornell Overseer Peter Sacerdote and his wife, Bonnie.

On November 12, a star-studded benefit, *42nd and Vine: Hollywood Hits Broadway,* was held at the Waldorf-Astoria for the new Jay Monahan Center for Gastrointestinal Health named in honor of the late husband of NBC *Today* show co-anchor Katie Couric. The Center, which will open in 2004, is made possible by a $5 million gift from Katie Couric and the Entertainment Industry Foundation's National Colorectal Research Alliance.

Philanthropy is an important measure of our success. The readiness with which individuals, foundations and corporations support our mission is testimony to the contributions of NewYork-Presbyterian Hospital to the health and well-being of all those who need our care.



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SERVICES TO PATIENTS

Laboratory	8,391,575
Blood Bank	335,734
Radioisotopes Services	21,808
X-ray Procedures	447,447
Operations	53,777
Deliveries	11,568
Electrocardiograms	206,840
Electroencephalograms	22,073
Therapy Treatments (Physical, Occupational)	263,972
Transfusions	85,895
Average Number of Full-Time Employees	13,304

DISTRIBUTION OF BEDS

Single		
Medical/Surgical		512
Obstetrics and Gynecology		22
Pediatrics		9
	Total Single	**543**
Two-Bedded		
Medical/Surgical		917
Neonatal		83
Obstetrics and Gynecology		100
Pediatrics		155
	Total Two-Bedded	**1,255**
Other		
Newborn Bassinets		111
Psychiatric (Payne Whitney Clinic, Columbia Presbyterian Medical Center, and Westchester Division)		486
	Grand Total	**2,395**

PATIENT CARE

Patients Discharged (including neonatal)		80,724
Newborn		13,593
Psychiatric		
Payne Whitney Clinic		1,322
Columbia Presbyterian Medical Center		1,805
Westchester Division		3,299
	Total	**100,743**

Patient Days, All Divisions (including newborn)	685,467
Visits to Day Hospital (ambulatory surgery)	47,284
Visits to Outpatient Clinics	854,496
Visits to Emergency Facilities	177,994

Financial Summary *January 1 - December 31, 2002*

REVENUES AS A PERCENTAGE OF TOTAL PATIENT CARE AND OTHER REVENUES

Revenues	**$ Millions**	**%**
Net Patient Revenues	1,889.1	95.6
Other Revenues	88.3	4.4
Total Revenues	**$1,977.4**	**100.0%**

EXPENSES AS A PERCENTAGE OF TOTAL EXPENSES

Expenses	**$ Millions**	**%**
Salaries and Wages	894.4	45.7
Employee Benefits	179.5	9.2
Provision for Bad Debts	51.6	2.7
Depreciation and Amortization	133.8	6.9
Interest	56.7	2.9
Supplies and Nonsalary Expenses	644.4	32.6
Total Expenses	**1,960.4**	**100.0%**
Gain (Loss) from Operations	**$17.0**	

Note: The Hospital also expended $69.1 million in Charity Care.

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The Auxiliary's first meeting was held in May 1908, and its 16 active and 36 associate members have been proud to provide a continuing link to medical, social and ethical needs of today. The Auxiliary is pleased to provide support for:

- A $150,000 scholarship for junior faculty at the Center for Women's Health
- Provision of a washer/dryer and oven for the Department of Rehabilitation Therapy, as well as clothing for patients
- Provision of clothing for the Department of Social Work for patients in need
- Social Work Lectures
- An annual seminar for children at the Morris Jumel Mansion
- Volunteers for the Trained Liaison Comforter program in ICU and same day/ambulatory waiting areas
- The Milbank Library
- A 10-minute videotape for in-house TV explaining the Auxiliary and the need for more volunteers
- The United Hospital Fund and Hospital Association of New York
- Free parking for all volunteers
- The Allen Pavilion Community Health Outreach Program for seniors

Additionally, the Auxiliary holds old-fashioned bake sales to benefit various hospital needs.

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Effective January 2003

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The Auxiliary has enjoyed a prosperous and exciting 44th year of service and support to the Medical Center. On Sunday, October 20, 2002, we hosted a children's Halloween party at Dylan's Candy Bar on Third Avenue benefiting the Clown Care Unit© of our Department of Pediatrics. Over 300 parents and children met our Honorary Chairman, Kelly Ripa, of *Regis and Kelly,* and enjoyed the many activities and goodies provided.

Our Babies Alumni Program has benefited with our new distribution system and boasts over 1,500 participants. The ongoing lecture series, with topics ranging from Hormone Replacement Therapy to Development Issues Faced by Parents and Pediatricians, was well received and well attended by our members and their friends.

The Auxiliary also continues to support the many ongoing programs that we have in the past and looks forward to supporting more in the future. Funding highlights for 2002 included support for:

- Art Classes for the Elderly for HealthOutreach members
- Department of Social Work
- Arts and Crafts Program of the Department of Rehabilitation
- The Department of Pediatrics "Reach Out and Read" Program

For the first time, The Auxiliary documented its rich history and many accomplishments in an impressive PowerPoint presentation shown to the Environment Committee.

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NewYork-Presbyterian Hospital

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Volunteer Services

Evelyn Ramos
Manager
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Maxine Dacres
Manager
NewYork Weill Cornell Medical Center

In 2002, there were 2,056 volunteers at NewYork-Presbyterian Hospital. These volunteers gave a total of 253,348 hours of service in a wide range of departments and programs.

The impact of our volunteers is evident in the incredible difference they make in responding to the special needs of our patients and their families. Volunteers have the luxury of time and the willingness of spirit to offer a little extra. This, in turn, makes the time patients spend in the hospital a little less stressful and more pleasant. The volunteer who brings a book or a blanket, or fills a pitcher of water, chats with a patient who is lonely, or holds a baby who doesn't have visitors adds a very special dimension to the quality of care that we are so proud of providing for our patients.

Interpreters provide access to healthcare for our many non-English speaking patients and families. The Interpreter Services Program continues to grow with the ever-changing demographics of New York City. In 2002, our interpreters responded to a total of 15,779 requests for interpreters in over 40 languages.

The hospital benefits every day of the year from the many volunteers who choose to devote their time and talents to the patients of NewYork-Presbyterian Hospital.

NewYork-Presbyterian Healthcare System

Board Leadership, Senior Management and System Members
(as of April 2003)

Comprising 34 general acute-care hospital sites in New York State as well as Northern New Jersey and Connecticut, 15 skilled nursing facilities, and numerous other ambulatory and specialty providers, the NewYork-Presbyterian Healthcare System is one of the largest systems in the United States. Established by NewYork-Presbyterian Hospital, its mission is to increase access to high quality care, enhance quality, promote professional and operational excellence, and support the mission of its academic partners. The System currently serves nearly one out of every four patients seen in the greater New York metropolitan area.

NewYork-Presbyterian Hospital and its clinical service lines play an increasingly important role in expanding the scope of medical and surgical services offered at System institutions. Most general acute care members are also affiliates of one of two medical school partners: Columbia University College of Physicians & Surgeons and Weill Medical College of Cornell University. The activities of the System are overseen by a Board, which includes members from the NewYork-Presbyterian Board and chairpersons from selected member institutions. Listed here are key System leadership and members.

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- Columbia Presbyterian Medical Center
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- Westchester Division
- The Allen Pavilion

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Horton Campus
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Stamford Health System
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White Plains Hospital Center
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NewYork-Presbyterian Hospital extends deepest thanks to its many loyal supporters. Gifts of all sizes were enormously appreciated.

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Landrum B. Shettles, M.D.
David B. Skinner, M.D.
Edwin Thorne
Mildred Hope Witkin, Ph.D.
Emil Wirotsko, M.D.

IN MEMORIAM: DAVID B. SKINNER, M.D.

Dr. David B. Skinner, who guided the successful merger of The New York Hospital and The Presbyterian Hospital to form NewYork-Presbyterian Hospital, died on January 24, 2003 at NewYork Weill Cornell Medical Center, after suffering a stroke. He was 67.

Dr. Skinner, a renowned thoracic surgeon and former Chairman of Surgery at the University of Chicago Hospitals, was appointed President and Chief Executive Officer of The New York Hospital and Professor of Surgery at Cornell University Medical College (now Weill Medical College of Cornell University) in 1987. In 1993, he was also named a Professor of Cardiothoracic Surgery with the establishment of that department.

Dr. Skinner's tenure was marked by many momentous achievements. After leading an impressive financial turn-around of the Hospital that became a model for other hospitals in the region and the country, he began a strategic initiative to bring together New York City's first major 'network' of health care institutions. In 1997, under his leadership, The New York Hospital achieved a long-sought goal of replacing its outdated inpatient facilities with the opening of the Maurice R. and Corinne P. Greenberg Pavilion. At the same time, Dr. Skinner presided over the completion of the merger of The New York Hospital and The Presbyterian Hospital—the two leading hospitals in New York City, each partnered with a top-ranked medical school. The merger has engendered closer collaboration between Weill Medical College of Cornell University and Columbia University College of Physicians & Surgeons, with all three institutions forming a kind of 'super' academic medical center. Dr. Skinner continued to lead the merged hospital and its health care system until 1999, when he retired as President Emeritus.

Born in Joliet, Illinois, David Skinner graduated from the University of Rochester and received his M.D. degree from Yale University School of Medicine. He served his internship and surgical residency at Massachusetts General Hospital and completed a surgical fellowship at Harvard Medical School. He went on to hold positions at the University of Texas Medical School, Johns Hopkins University School of Medicine and the University of Chicago's Pritzker School of Medicine, where he was appointed the Dallas B. Phemister Professor of Surgery and Chairman of the Department of Surgery at the University of Chicago Hospitals and Clinics. At age 37, he was among the youngest chairmen to be appointed at the medical school. He remained at the University of Chicago for 15 years before he was tapped by The New York Hospital-Cornell Medical Center for the newly created position of President and CEO at The New York Hospital. Throughout his career, Dr. Skinner continued to perform esophageal surgery, receiving an unusual tribute from one of his patients, award-winning composer John Barry. During his acceptance speech for Best Original Score for "Dances With Wolves" at the 1991 Oscars, Mr. Barry mentioned Dr. Skinner in the list of people he thanked.

Dr. Skinner is survived by his wife of 46 years, May Elinor ("Ellie") Skinner, their four daughters, Linda, Kristin, Carise, and Margaret, and four grandchildren. Linda, Kristin, and Margaret are physicians. Margaret received her M.D. degree from Weill Medical College of Cornell University in May 2002.

LEAVE A LEGACY BY MAKING A GIFT

Important sources of support for NewYork-Presbyterian Hospital are gifts, bequests and trusts which allow you to leave a legacy. Such gifts help fund a wide range of programs, including those that provide patient care, educate future physicians and scientists, expand community outreach, and make possible pioneering clinical research which results in new and improved treatments for disease. Providing support for these programs in an estate plan makes a moving statement about your care and concern for the health and well-being of future generations.

Gifts can be made in cash, securities, or other property, and can take many forms: an outright gift, pledge, bequest, or various life income arrangements (trusts, pooled income funds, or gift annuities). Support can be designated for specific purposes, or can be unrestricted, which gives NewYork-Presbyterian Hospital greater flexibility in planning and administering programs in patient care, education, and research. Gifts to NewYork-Presbyterian Hospital may be directed to either the NewYork Weill Cornell Medical Center or the Columbia Presbyterian Medical Center campus, or both. There are many options for naming opportunities and public recognition of gifts at the Hospital.

NewYork-Presbyterian Hospital is a qualified not-for-profit institution, which receives major support from private philanthropy. Gifts to the Hospital by individuals, foundations, and corporations are exempt from income, gift, and estate taxes to the extent of and in the manner provided by federal and state laws. If you are considering making a bequest, you may wish to share the following language with your advisors:

"I give, devise, and bequeath to NewYork-Presbyterian Hospital, a corporation created under the New York State Not-for-Profit Corporation Law and located in New York City, New York, the sum of $_____ (or description of the property) to be used for the general corporate purposes of NewYork-Presbyterian Hospital as its Board of Trustees shall determine."

The Office of Development welcomes the opportunity to tell you more about the Hospital's numerous programs and activities, and to consult with you and your advisors about various gift ideas. For further information about making a gift to the Hospital, please contact:

Marc Krause
Director of Planned Giving
NewYork-Presbyterian Hospital
525 East 68th Street, Box 123
New York, NY 10021
(212) 821-0512
mak2009@nyp.org

NewYork-Presbyterian Hospital

Important Telephone Numbers

THE ALLEN PAVILION

General Information	(212) 932-4000
Patient Information	(212) 932-4300
Admitting	(212) 932-5079
Emergency Department	(212) 932-4245
Patient Services	(212) 932-4321

CHILDREN'S HOSPITAL OF NEWYORK-PRESBYTERIAN

General Information/ Physician Referral	1-800-245-KIDS
Morgan Stanley Children's Hospital	
General Information	(212) 305-2500
Patient Information	(212) 305-3101
Admitting	(212) 305-3388
Emergency Department	(212) 305-6628
NewYork Weill Cornell Children's Hospital	
General Information	(212) 746-5454
Patient Information	(212) 746-5000
Admitting	(212) 746-4250
Emergency Department	(212) 746-3300

COLUMBIA PRESBYTERIAN MEDICAL CENTER

General Information	(212) 305-2500
Patient Information	(212) 305-3101
Admitting	
Milstein Hospital Building	(212) 305-7091
Sloane Hospital for Women	(212) 305-8405
Ambulance Services Dispatcher	(212) 305-9999
Development	(212) 342-0799
Emergency Department	
Adult	(212) 305-6204
Pediatric	(212) 305-6628
Psychiatry	(212) 305-6587
Human Resources	(212) 305-5625
Marketing	(212) 821-0634
Patient Relations	(212) 305-5904
Physician Referral Service	(877) NYP-WELL
Public Affairs	(212) 305-5587

NEWYORK WEILL CORNELL MEDICAL CENTER

General Information	(212) 746-5454
Patient Information	(212) 746-5000
Admitting	(212) 746-4250
Ambulance Services Dispatcher	(212) 472-2222
Development	(212) 821-0500
Emergency Department	
Adult	(212) 746-5050
Pediatric	(212) 746-3300
Psychiatry	(212) 746–0711
Human Resources	(212) 746-1459
Marketing	(212) 821-0625
NewYork-Presbyterian Healthcare System	(212) 746-3577
Patient Services	(212) 746-4293
Physicians Assistant Program	(212) 746-5133
Physician Referral Service	(800) 822-2694
Psychiatry, Payne Whitney Clinic Information	
Inpatient	(212) 746-3731
Outpatient	(212) 821-0700
Public Affairs	(212) 821-0560

THE WESTCHESTER DIVISION

General Information	(914) 682-9100
Referrals and Evaluation	1-888-NYH-5700

The 2002 Annual Report was published by the Department of Public Affairs of NewYork-Presbyterian Hospital. Special thanks to our academic affiliates, Columbia University College of Physicians & Surgeons and Weill Medical College of Cornell University, for their collaboration and assistance in the preparation of this report.

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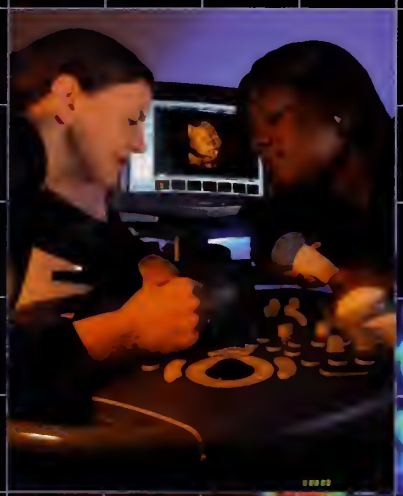
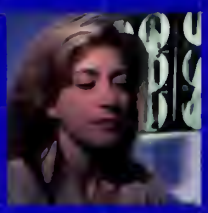
Transforming Medicine Today, Providing Hope for Tomorrow

NEWYORK-PRESBYTERIAN HOSPITAL • 2003 ANNUAL REPORT



NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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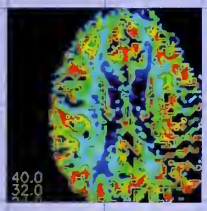
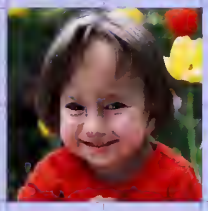
On the cover:
An image of an MR perfusion map, created on NewYork-Presbyterian Hospital's GE 3.0 Tesla MRI scanner, shows a perfusion in a cerebral territory of the brain where a stroke occurred in a 62-year-old man.

(Insets) Specialized ultrasound imaging technology is among the many tools Mary D'Alton, M.D., and ultrasound technician Arlene Pindar, NewYork-Presbyterian/Columbia, use in their prenatal programs. Stanley Goldsmith, M.D., NewYork-Presbyterian/Weill Cornell, is among the many Hospital radiologists who are at the forefront of a new wave in medical imaging capabilities.

Brain image courtesy of Jonathan P. Dyke, Ph.D., and Pina C. Sanelli, M.D., Department of Radiology, Weill Medical College of Cornell University, and Igor Ougorets, M.D., Department of Neurology, NewYork-Presbyterian/Weill Cornell.





Throughout history, progress in medicine has been made possible by extraordinary men and women who have seized opportunities to understand diseases and their causes and pursue the search for treatment and cures. Today, cancer, heart disease, and respiratory illnesses are among the many health challenges faced by the physicians and health professionals at NewYork-Presbyterian Hospital. Every day, their perseverance in the laboratory and care at the bedside lead to a better life for our patients and better solutions for many of the diseases that confront our society.

Leadership Report

We are gratified to report a year of continued progress and strong performance for NewYork-Presbyterian, clinically, financially and operationally. We owe this success to the shared dedication of our Board of Trustees, our physicians, our management team, and our employees, all of whom are working together with a common commitment and vision to provide our patients with the very best service and care and be a leading national, and international, academic health resource, second-to-none.

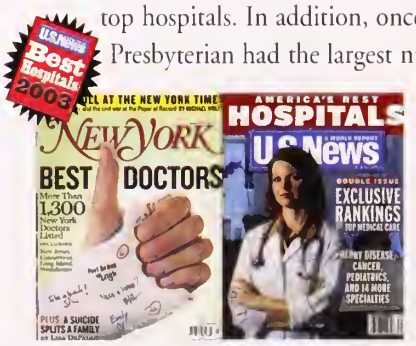
A Healthy Financial Picture

In 2003, we were able to significantly improve our financial position despite increasing costs for labor, malpractice, utilities, pharmaceuticals and advancing technology, and declining reimbursements from Medicare and Medicaid. We closed the year with a net gain from operations of $37.5 million, an amount that exceeded our budget and more than met the financial targets that underlie our long-term capital investment plan. This performance was made possible through the collective endeavors of all our staff who worked hard to reduce length of stay where appropriate, identify administrative savings and cost-reduction opportunities, and develop new revenues.

Also helping to strengthen our financial position were our many donors who committed more than $129 million in 2003. This strong philanthropic performance is a major factor in our ability to keep our clinical programs at the cutting edge of medicine, and we are grateful to our trustees, physicians and good friends who continue to give their generous support.

The Power of the Partnership

For the third consecutive year, NewYork-Presbyterian was the only metropolitan area hospital to be listed on the *U.S. News & World Report* Honor Roll of the nation's 17 top hospitals. In addition, once again, NewYork-Presbyterian had the largest number of physicians listed in the 2003 "Best Doctors" issue of *New York Magazine* and in the *2003 Castle Connelly Guide* to the nation's best physicians.



The strength and quality of our clinical programs reflect the fact that we are partnered with two outstanding medical schools, the Columbia University College of Physicians & Surgeons and the Joan and Sanford I. Weill Medical College of Cornell University.

Our clinical programs are buttressed by the depth and breadth of research and education that this partnership makes possible. In collaboration with our two medical schools, we have under way at any point in time a number of major clinical trials for promising new treatments. In 2003, for example, our physicians reported on the results of a three-year clinical trial on the use of Left Ventricular Assist Devices (LVADs) which showed the implanted heart pump lengthens and improves the lives of patients with end-stage heart failure. Our physicians and scientists also successfully employed pre-implantation genetic diagnosis to detect a devastating, inherited form of eye cancer, resulting in the world's first babies to be born free of the disease using this technique.

In 2003, we held a first joint retreat of the Boards of the three institutions and looked together at how we might further realize the benefits made possible by the power of this remarkable three-way partnership.

People, Space and Technology

Our financial performance and the generosity of our supporters made possible continued investments in people, space and technology. Notable achievements included the recruitment of a number of outstanding physicians to both medical centers enhancing our services in a number of clinical areas including bariatric (obesity) surgery, vascular surgery, oncology, hypertension, liver disease, and pediatric gastroenterology and neonatology, to mention only a few. After a national search, Peter Schlegel, M.D., a leading national specialist in male infertility and prostate cancer, was appointed Chief of Urology at NewYork-Presbyterian/Weill Cornell, succeeding E. Darracott Vaughan Jr., M.D., an outstanding Chief and Chairman for many years.

This year, we also made major investments in our nurses, who care for our patients with the utmost professionalism and dedication. In 2003, our turnover rate for nursing staff dropped 17 percent over 2002 and our nurse vacancy rate fell by almost one-third. Both rates are now well below national levels.

With strong philanthropic support, we continued to strengthen our clinical programs through building and renovation of needed facilities and technology. A major milestone was the opening on November 12 of the new Morgan Stanley Children's Hospital at NewYork-Presbyterian/Columbia, a $120 million project funded entirely by philanthropic support. This exciting new 10-story, 265,000-square-foot facility has been totally configured for the comfort and well-being of children and their families, while providing the most advanced pediatric care facilities and equipment. Also this year we began work to create a state-of-the-art Children's Hospital within a Hospital at NewYork-Presbyterian/Weill Cornell, made possible through the vision and generosity of one of our Trustee families. When this facility is completed, NewYork-Presbyterian will have children's facilities and services at both our medical centers that are among the best in the world.

Substantially completed in 2003, the new Jay Monahan Center for Gastrointestinal Health was established at NewYork-Presbyterian/Weill Cornell by Katie Couric in memory of her late husband. The Monahan Center provides a unique model of gastrointestinal care, integrating prevention, screening, diagnostic and treatment services together with research and education.

The beautiful lobby of the new Morgan Stanley Children's Hospital of NewYork-Presbyterian.

NewYork-Presbyterian/Columbia marked the dedication of the new John and Carmen Thain Labor and Delivery Unit on the 10th floor of the Morgan Stanley Children's Hospital, built through the generosity of Trustee John Thain and his wife, Carmen. This new facility has 10 spacious labor and delivery suites over-

Frank A. Bennack, Jr. (seated), Vice Chairman of the Board of Trustees, joins John J. Mack, Chairman of the Board, and Herbert Pardes, M.D., President and CEO, for a look at the new PET/CT imaging facility of NewYork-Presbyterian Hospital/Weill Cornell Medical Center.

looking the Hudson River together with state-of-the-art operating rooms, ante-partum rooms for high-risk patients, and waiting and changing areas for the coaches and families of women waiting to give birth. Soon to open at NewYork-Presbyterian/Columbia is the new Avon Foundation Breast Imaging Center, which will provide women in Washington Heights with the most advanced screening and diagnostic imaging services thanks to Trustee Andrea Jung and the Avon Foundation.

People Development and Service Excellence

At the core of our success is the more than 13,000 employees of NewYork-Presbyterian. We work hard to make our Hospital an employer of choice, and we are continually in touch with our employees through surveys and focus groups. During 2003, 72 percent of our employees reported overall satisfaction with their jobs, and our vacancy rate remained lower than both the national and regional averages. This year, we refurbished our Center for Organizational Learning and significantly expanded the skills training options available to our employees including training in the change facilitation and Six Sigma analytic tools developed by General Electric.

In 2002, we launched a major Hospital campaign to improve the quality and responsiveness of the services we provide, and we monitor the success of that effort through continuous patient satisfaction surveys that allow us to compare our scores to those of other *U.S. News & World Report* Honor Roll hospitals. Throughout 2003, we continued to improve our scores, and in those areas where we undertook full scale cultural change campaigns—improving first impressions and maintaining privacy and confidentiality—our patient satisfaction scores are at or above comparable levels of 80 to 90 percent (depending on the specific service) of our peer hospitals. Also in 2003, we established an affiliation with the Planetree Alliance, a not-for-profit health care services organization which supports the creation of healing environments and personalized, humanistic experiences for patients.

The cardiac unit at The Allen Pavilion (pictured here) and the cardiac units at NewYork-Presbyterian/Columbia and NewYork-Presbyterian/Weill Cornell are named "star units" for achieving outstanding scores on patient satisfaction surveys.

Following the Joint Retreat of the Boards of the Hospital and the medical schools, we established a tri-institutional council to coordinate service excellence and cultural change activities across the three institutions. The goal is to ensure that a patient's and family's experience, whether it is with the physician or the Hospital, is distinguished by a high, common standard of responsive, quality service from start to finish.

Becoming a Leader in Quality, Patient Safety and Information Technology

The Board and management of NewYork-Presbyterian have no higher priority than clinical quality and patient safety. Together with our physicians and with the hospitals in our Healthcare System, we continue to develop and apply clinical and operational protocols that improve quality and outcomes and reduce the risk of errors. In this endeavor, we are greatly strengthened by close collaboration with both medical schools and with the public health and health services research programs of both Weill Cornell and Columbia.

The ability to measure and monitor quality depends heavily on highly sophisticated information systems, and the Hospital is making major investments to install these systems. At the same time, Hospital leadership is playing a major role in a number of national efforts to ensure that the quality measures used by payers and patients to evaluate hospitals are accurate and objective, and to mobilize financial support for the development work that needs to be done on the required information technology.

Strengthening the Healthcare System

The NewYork-Presbyterian Healthcare System continues to strengthen. In August, the Bassett Healthcare System based in Cooperstown, New York, a rural system highly regarded for innovation and quality, became an affiliate member of the Healthcare System. The System continues to break new ground in developing and recommending clinical protocols to assess and monitor quality, and the development of systems to coordinate communication and collaboration among area hospitals in the event of a major disaster. These

proved extremely helpful in the August 2003 blackout.

Also in 2003, the Hospital and the Healthcare System inaugurated a new hospital-to-hospital patient access and transfer service named NYPSTAT (for the telephone number: 1-800-NYP-STAT). Staffed by registered nurses 24 hours a day, 7 days a week, this transfer center coordinates medical transportation, making it easy for physicians and doctors to coordinate with the Hospital to provide patients with care in the most appropriate setting.

Commitments to the Health of Our Communities

NewYork-Presbyterian serves as medical sponsor for the Avon Foundation Walk for Breast Cancer.

Last year, we again provided prevention, wellness and health education services in all our communities. We provided free flu shots to approximately 5,000 residents in Riverdale, Washington Heights, Inwood, West Harlem, the Upper East Side and Queens. Several hundred uninsured women received free mammograms and Pap tests, and the Hospital received funding from public and private sources to treat those women requiring follow up and care. Also, this year, we began a major campaign in select schools and through our ambulatory centers to educate parents on the need to address childhood obesity and in good child nutrition.

A Voice in Public Policy

NewYork-Presbyterian continues to play a role in policy development in New York State and at the national level in support of important health care initiatives and to protect the interests of the academic medical center. We participate regularly in forums that address issues of importance to us, including reimbursement, quality, and information technology.

We remain a focus of positive media attention in the local, national and international press, and our expert clinicians are regularly called upon to comment on a wide range of medical topics and health care policy, averaging upwards of 50 interviews a week.

Going Forward

Despite our successes and three consecutive years of positive bottom lines, we remain mindful that the financial pressures on academic medical centers are intense and growing. A surplus of $37.5 million on our $2 billion budget comprises a slim margin of only 2 percent of revenues over expenses. In order to continue generating the positive bottom lines that make ongoing capital investment possible, we need to find ways to do things better and smarter without compromising in any way the quality and excellence of the care and the service we provide.

In 2003, the Hospital began training large numbers of management and staff in the organizational and analytic tools developed by General Electric to improve operational performance and generate savings. This is only one of a number of efforts that are underway to help us sustain strong performance in the face of a highly competitive health care market and a rapidly changing, uncertain policy environment.

In the Fall of 2004, we will publicly launch a $1 billion Capital Campaign to help support the investments in people, space and technology needed to make sure that we can realize the promise of tomorrow's medicine for our patients, our communities, and all New Yorkers.

We want to close this report by thanking all those who support and love this Hospital—our trustees, donors and volunteers for your continuing friendship and generosity; our physicians for your devoted care and continuing contributions to the advancement of medicine; our employees for your hard work, respect for one another, and dedication to excellence; and our medical school partners for your continuing leadership in clinical research and education. All of you together make this Hospital the wonderful healing institution that it is.

John J. Mack
Chairman
Board of Trustees

Herbert Pardes, MD
President and
Chief Executive Officer

Transforming Medicine Today, Providing Hope for Tomorrow

Aided by a technological revolution that has been in the making for decades and is now accelerating at an unprecedented pace, physicians at NewYork-Presbyterian are making extraordinary progress in treating diseases and caring for patients. Biological breakthroughs, modern computing, miniaturized devices, and brilliant applications of surgical and clinical techniques have converged to help provide the tools necessary for developing new approaches in diagnosis and treatment.

As you will read in the pages to follow, integral to this progress are the matchless skills of our physicians and health care professionals. At NewYork-Presbyterian, their innovation and experience unite with compassion and understanding to provide patients with the best medicine has to offer today and hope for a healthier tomorrow.

With their expertise in modern imaging technology and techniques, Robert DeLaPaz, M.D., Martin Prince, M.D., Ph.D., and Alexander Khandji, M.D., are changing the way we look at disease and offering new avenues of exploration for diagnosis and treatment.

The Power and Potential of Medical Imaging

Phenomenal advances in imaging technology have catapulted the field of radiology into the core of virtually every medical and surgical specialty. NewYork-Presbyterian Hospital is at the forefront of this transformation in medical imaging, developing exquisite tools for visualizing anatomy, physiology and function.

"Imaging has moved beyond the world of 'plain films' to encompass computed tomography scanning, magnetic resonance imaging, nuclear medicine procedures, such as positron emission tomography and ultrasound," says Steve Herrmann, Director of Imaging for NewYork-Presbyterian/Weill Cornell. "Not only does each technology have its own specific purpose, these modalities are now being integrated to maximize benefits for the patient."

"The range of applications for MRI, PET, and CT continues to expand at a rapid pace," says physicist Douglas J. Ballon, Ph.D., Director of the Citigroup Biomedical Imaging Center at Weill Medical College of Cornell University. "We now have sophisticated tools designed to analyze and combine images from these technologies on a routine basis, which is leading to improved diagnosis of disease."

"To continue moving into the next frontier of medical imaging, you also need an experimental edge," says Philip O. Alderson, M.D., Chief of Radiology at NewYork-Presbyterian/Columbia. "Looking at new ways of

Clarence Edwards, Manager of Nuclear Medicine (seated), with Stanley Goldsmith, M.D., Robert Zimmerman, M.D., and Douglas Ballon, Ph.D., in the control room of the new combined PET/CT scanning facility at NewYork-Presbyterian/Weill Cornell.

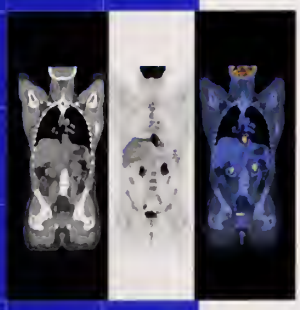
investigating existing disease will enable us to interrogate molecular phenomena. Part of this is related very importantly to the ability to evaluate the biochemical correlates of disease and to develop new tracers that will allow molecular events to be evaluated."

MR spectroscopy offers yet another level of information by providing data on local brain chemistry, helping to determine if the diagnosis is correct and if therapy is achieving the desired effect.

"MR spectroscopy looks at different metabolites and their concentrations in the brain," says Alexander G. Khandji, M.D., Associate Director of Radiology, NewYork-Presbyterian/Columbia. "Spectroscopy gives you a map of these metabolites and their relative concentrations in different areas of the brain. For example, a patient who has ALS, which is Lou Gehrig's disease, may have a normal brain MRI, but with spectroscopy, we can look at metabolites in specific regions of the brain which are affected by the disease and clarify whether the diagnosis is correct or not. MR spectroscopy allows characterization of metabolic changes associated with tumor growth, degree of malignancy, grading of tumors, response to treatment, and the sequelae of treatment. Spectroscopy can be thought of as a noninvasive virtual biopsy."

"Functional MR imaging (fMRI) is one of the most exciting areas under development and is being applied to the brain in a number of extraordinary ways," says H. Dirk Sostman, M.D., Chief of Radiology at NewYork-Presbyterian/Weill Cornell. "Neurosurgeons are using fMRI to map out areas of the brain noninvasively before an operation to determine how to remove a tumor while minimizing damage to critical brain functions."

"When a tumor is present, certain functions may be displaced to another part of the brain," says Robert D. Zimmerman, M.D., a neuroradiologist with NewYork-Presbyterian/Weill Cornell. "The MR allows us to visualize the tumor and also the circuitry it may have affected. Surgeons feel much more confident if they can intelligently plan the surgery."



These images of a body section—(left to right) a CT image, a PET image using radioactive glucose tracer, and a fused image with PET image superimposed on a CT image—demonstrate cancer of the esophagus. Areas of increased activity are seen as bright spots in the tumor. Normal activity is noted in the brain, kidneys and urinary bladder.

Imaging is also being used increasingly in guiding minimally invasive therapies. Interventional Neuroradiology (INR) is the minimally invasive treatment of stroke, brain aneurysms, and carotid disease. INR procedures are performed from a tiny incision in the blood vessel of the groin and the patient can be discharged the following day.

Neuroradiologists also are collaborating with neurosurgeons on the treatment of brain tumors. "In work being done with neurosurgeon Jeffrey Bruce, M.D., at NewYork-Presbyterian/Columbia, catheters implanted into the brain tumor are being used to directly infuse chemotherapy into tumor tissue," says Robert DeLaPaz, M.D., Director of Neuroradiology, NewYork-Presbyterian/Columbia. "Prior to this, treatment has depended on the chemotherapy circulating throughout the body and a small amount making its way to the brain tumor. Now we can deliver higher doses more directly to the brain tumor." Similar approaches are used to treat tumors, aneurysms and blocked arteries elsewhere in the body. Soon, physicians will be able to combine MR with focused ultrasound to deliver therapy to tumors, and NewYork-Presbyterian/Weill Cornell will be one of the test sites evaluating its benefit.

"MRI is also a valuable tool to help us identify areas of the brain affected by stroke," explains Dr. DeLaPaz. "On MRI, we can identify the zone where tissue has been permanently injured and areas where blood flow is compromised, but the tissue is not yet injured. This zone—between the injured tissue and the normal tissue—may be treatable by reintroducing blood flow." In collaboration with John Pile-Spellman, M.D., Director, Interventional Neuroradiology, NewYork-Presbyterian/Columbia, the application of MR technology to stroke may make it possible for intra-arterial delivery of tPA, the clot-busting drug, rather than the traditional intravenous method. "It takes an hour or more for the intravenous delivery of tPA to dissolve a clot in the brain, whereas with the intra-arterial approach, it may take only a few minutes to half an hour," notes Dr. DeLaPaz. "This allows you to expand the time you can treat following the onset of stroke from no more than three hours to as much as eight hours."

According to Martin Prince, M.D., Ph.D., Director of MRI at NewYork-Presbyterian/Weill Cornell and head of Cardiovascular MRI at NewYork-Presbyterian/Columbia, MR methods pioneered over the past couple of years also have changed thinking about cardiac disease. In fact, Dr. Prince and his colleagues invented the technique for using gadolinium, a contrast agent, for performing an MR angiogram, now in use worldwide as the standard MR approach to diagnosing vascular disease. "MR is particularly sensitive to detecting the contrast agent, gadolinium, and can provide a clear picture of the anatomic extent of a heart attack," says Dr. Prince. "This ability to view the cardiac and vascular anatomy with high quality images also provides functional information, including where the blood is going and how much blood flow there is to an organ. It's just extraordinary."

"PET scanning is a nuclear medicine imaging technique that allows physicians to view the function and performance of the tissue or organ by using a radioactive isotope as a tracer," says Stanley J. Goldsmith, M.D., Chief of Nuclear Medicine, NewYork-Presbyterian/Weill Cornell. "This can tell us the degree to which tumors differ from normal tissue. The radioactive tracer is an analog of glucose, which is used by the body as a source of energy. Tumors, because of their rapid growth, have increased utilization, and, by looking at the distribution of glucose, we can recognize the location of tumors."

"Is this treatment working? Is the disease getting better or worse? These are the questions that drive us to develop new techniques," says Dr. Zimmerman, "or take techniques that were purely for research and bring them into the clinical realm."

W. LORENZ

Stopping Seizures at Their Source

A seemingly insignificant mosquito bite while on vacation in the Outer Banks in 1997 may have caused college student Rebecca Lamartin to contract viral encephalitis and, subsequently, a chronic seizure disorder. "After years of trying every anti-convulsive medicine alone and in combinations, she still had no control over the seizures," says her father, Glenn Lamartin. "Finally, we sought help at NewYork-Presbyterian/Columbia. We figured we wanted world-class medical care for our world-class girl."

As a neurosurgeon at NewYork-Presbyterian/Columbia, Robert R. Goodman, M.D., Ph.D., is at the forefront of providing surgical solutions where medications fail in the management of seizure disorders. As an investigator in multi-center clinical trials funded by the National Institutes of Health, Dr. Goodman, along with his colleagues, is exploring pioneering surgical treatments for seizures. Dr. Goodman now serves as principal investigator of a company-sponsored multi-center clinical trial made possible by miniaturized electronics, sophisticated software, and years of clinical experience.

As she would learn from her neurologist, Martha J. Morrell, M.D., Director of the Columbia Comprehensive Epilepsy Center, and from Dr. Goodman, Rebecca was an ideal candidate for a promising procedure using a newly developed device called the Responsive Neurostimulation System. Surgery would involve implanting the device in the skull connected to electrode strips permanently placed in the brain near the seizure focus. "The electrodes continuously monitor EEG activity," says Dr. Goodman. "When a seizure is identified, a computer chip delivers an electrical impulse that lasts a fraction of a second to attempt to abort it. Our hope is that this implantable 'pacemaker' will identify seizures before they are evident to the patient and that the electrical current will 'silently reset the brain' to stop the seizure."

Robert Goodman, M.D., Ph.D., assisted by Jay Mocco, M.D., a neurosurgery resident, performs a pioneering procedure to implant an electrical device in Rebecca Lamartin to control her seizure disorder. Dr. Goodman is investigating devices to treat epilepsy that are so small they can be put into a little chip and inserted into the brain.

Patients who average at least four seizures a month even while on medication, and who are between 18 and 64 years old, are the best candidates. Physicians must also be able to identify their seizure focus, either through noninvasive testing or by surgery to implant electrodes that identify seizure onsets.

The goal of Dr. Goodman and his team, including Guy McKhann, M.D., an epilepsy surgeon with the Columbia Comprehensive Epilepsy Center, is to successfully eliminate seizures without removing brain tissue, a procedure which may impair a patient's function.

In medically intractable epilepsy, mesial temporal sclerosis is the most common underlying problem. Doctors hypothesize that early identification and surgery, rather than medical treatment for this condition, will lead to a better quality of life and is the basis for the largest clinical trial ever funded by the NIH. With over 19 participating centers, including NewYork-Presbyterian/Columbia, ERSET—Early Randomized Surgery for Epilepsy Trial—may prove to be the cure for which patients have been waiting. "For many patients, there is a 90 percent chance of being cured of epilepsy with this surgery, and little chance of experiencing any harm," says Dr. Goodman.

"Six years ago, the device used with Rebecca was just an idea," says her father. "While we're nervous, we're also optimistic that the implant will improve control of Rebecca's seizures." So far, in the two months since Rebecca's procedure, they have. With physicians like Dr. Goodman pushing the envelope of neurosurgical innovations, patients with epilepsy and seizure disorders can look forward to the potential for more predictable lives.

Mark Souweidane, M.D., Philip Stieg, Ph.D., M.D., Theodore Schwartz, M.D., and Samuel Selesnick, M.D., are in a specially designed neurosurgical OR equipped with an MRI and a full arsenal of endoscopic and stereotactic equipment for performing minimally invasive neurosurgery.

Expanding the Boundaries of Brain Surgery

Jessica Schwartz was not even two pounds when she was born prematurely on August 10, 2001. As a preemie, she was susceptible to a myriad of infections and at one month of age, she contracted meningitis, which caused fluid to build up in her brain. At only three months old and just three pounds, Jessica received a shunt to alleviate the swelling.

"We were told that she was eligible for an innovative procedure called endoscopic ventriculostomy," says her mother, Linda Schwartz. After many problems with the shunt, Jessica's parents decided it was time for her to undergo the procedure. Performed by Mark Souweidane, M.D., Site Director for Pediatric Neurological Surgery and Minimally Invasive Endoscopic Neurosurgery at NewYork-Presbyterian/Weill Cornell, the surgery to permanently remove the shunt and redirect the fluid within Jessica's brain was a turning point for this toddler. Today, according to her mother and all who meet Jessica, she is a brilliant and carefree two-and-a-half-year-old.

Under the direction of Philip Stieg, Ph.D., M.D., Chief of Neurological Surgery, NewYork-Presbyterian/Weill Cornell is fast becoming one of the world's preeminent neurological surgical centers. Pairing the latest in magnetic resonance imaging with endoscopic technologies, the outstanding neurological surgery team is expanding the boundaries of treatment for brain disorders.

With the recent installation of an intraoperative magnetic resonance imaging (IMRI) system in a specially designed OR at NewYork-Presbyterian/Weill Cornell, neurosurgeons can pinpoint changes in the structure of the brain as

Free of a shunt, Jessica Schwartz now lives a normal life.

they are operating. A compact, open magnet system is lifted into position when surgeons need to obtain detailed images of the brain to accurately distinguish normal brain tissue from abnormal.

"The ability to link information from intraoperative monitoring and intraoperative mapping to pre-operative information acquired with functional MRI allows us to minimize the manipulation of the normal brain and maximize our ability to remove the abnormal tissue," says Dr. Stieg.

Probably the most common operation done with the IMRI is pituitary tumor surgery. These small benign tumors in the pituitary gland compress the optic nerves and affect vision. By combining IMRI with endoscopy, neurosurgeon Theodore Schwartz, M.D., and his colleague, Vijay Anand, M.D., perform brain surgery through the nose using long special endoscopes. "The combination of IMRI and endonasal endoscopy has made the removal of pituitary tumors safer, less invasive, and more complete," commented Dr. Schwartz.

Intraoperative MRI has also facilitated the use of endoscopy for minimally invasive brain surgery. "We've been using endoscopy for years, but linking it with the intraoperative MRI is a new adventure," notes Dr. Stieg.

"The intraoperative MRI allows us to find deep vascular malformations with minimal manipulation," says Dr. Schwartz. "Combining the MRI and endoscope is changing our surgical management for specific brain tumors."

According to Dr. Souweidane, endoscopy is commonly used to treat brain tumors and certain forms of hydrocephalus, the condition that affected Jessica Schwartz. Hydrocephalus occurs from either a blockage in the normal pathway of spinal fluid, or by an inability to absorb the fluid. "Both cases result in increased pressure and can lead to severe neurological impairment, head enlargement, and can prove fatal," says Dr. Souweidane. "Conventional treatment would have led us to implant a shunt, which very often would result in repeated surgeries and infections. The endoscope enables us to create a small channel to allow fluid to escape outside of the ventricular system back to the surface of the brain where it is reabsorbed. For children, being able to avoid the incumbent problems with shunts and to return them to a normal life again is a fantastic intervention."

Endoscopy is also replacing open surgery to biopsy tumors quickly and safely, as well as to spare patients major operations to remove a colloid cyst—a benign, but potentially life-threatening, brain tumor. "Traditional surgery to remove these tumors has been technically challenging because these tumors are deep seated and surrounded by blood vessels and structures that serve short-term memory," explains Dr. Souweidane. "Now the tumor can be removed through a portal just six millimeters in diameter."

Advances in microsurgical techniques and improvements in neuroimaging have also allowed neurosurgeons greater success in reaching lesions through the skull base. This surgery is particularly challenging due to the complexity of the region, and the neurosurgeon often works in collaboration with ear, nose, and throat or plastic surgeons because of the proximity of the face and neck to the skull base. "Skull base tumors, once considered unresectable, are now approached reliably using microsurgical techniques and intraoperative nerve monitoring—a technique involving the insertion of electrodes in the head and neck to monitor different cranial nerves, including the facial nerve," says Samuel Selesnick, M.D., Director of Otology, Neurotology, and Skull Base Surgery in the Department of Otorhinolaryngology.

Dr. Stieg envisions even greater neurological advances on the horizon— computer technology to allow probes to be inserted in the brain to monitor brain function, injecting viruses to deliver genes to cells to help in diseases such as Parkinson's, and the ability to inject a virus into the brain that destroys only the tumor.

Eric Rose, M.D., with the heart device that is transforming the lives of patients with end-stage heart disease.

A Technological Triumph for Heart Failure

Thomas Marino was just preparing to step out on the stage for a rehearsal of a community theatre production when he felt a terrible burning sensation in his chest. "I knew something was very wrong," says Thomas, 75. In the throes of a massive heart attack, he was rushed to a New Jersey hospital. Physicians there determined his heart was so badly damaged that his only hope for survival was across the river at NewYork-Presbyterian/Columbia.

Patients with end-stage heart failure, like Thomas Marino, are finding new hope for living longer and better with a surgically implanted mechanical device that helps the heart pump blood. Nearly a year after NewYork-Presbyterian/Columbia researchers announced that the heart device—LVAD (left ventricular assist device)—extends the lives of terminally ill heart patients, the Food and Drug Administration approved the permanent use of the pump in some patients with end-stage heart failure, the first pump to gain such approval in the United States. More importantly, the Centers for Medicare and Medicaid Services

A demonstration model of the left ventricular assist device (LVAD) shows its internal workings.

(CMS) issued a coverage decision last October, making these devices available for end-stage heart failure patients who are ineligible for transplants due to age or other medical problems.

The LVAD takes over the pumping of a weakened left ventricle and sends blood to the aorta, which distributes it to the rest of the body. The pump, about the size of a CD player, is implanted in the abdomen and connected to the left ventricle and aorta. A narrow tube runs from the pump through the skin to the controller and battery outside the body.

Leading a three-year clinical trial, Eric Rose, M.D., Chief of Surgery, NewYork-Presbyterian/Columbia, and his colleagues were instrumental in demonstrating the clinical efficacy of the implanted device. The REMATCH (Randomized Evaluation of Mechanical Assistance for the Treatment of Congestive Heart Failure) trial, which took place at 21 prestigious transplant centers in the U.S., compared two groups of patients who did not qualify for heart transplantation. One group of 61 patients was treated with medical management of drugs, diet and exercise; the other group of 68 patients received the device, the HeartMate™ VE. Results from the trial, which was supervised by investigators at Columbia University's International Center for Health Outcomes and Innovation Research (InCHOIR), found that use of the implanted heart pump more than doubled the likelihood that terminally ill heart failure patients would be alive at the end of one year.

"As a result of the REMATCH trial and the decision by CMS, LVAD will now be available to the very sickest patients across the country," says Dr. Rose. "Our participation in the trial was the leverage needed for this policy change. Our study is what made it happen."

Working closely with Dr. Rose on the REMATCH trial and analyzing the data, particularly as it related to outcomes, costs, and quality-of-life issues, were economist and public health scientist Annetine Gelijns, Ph.D., Director of InCHOIR, and Alan Moskowitz, M.D., Associate Director. The researchers showed the one-year survival rate of end-stage heart failure patients with the pump was 52 percent, twice as high as the 25 percent survival rate of patients on drug therapy.

Previously, the FDA allowed implantation of such devices only as a temporary bridge for patients waiting for a heart transplant. "We viewed bridging as something that not only benefited patients waiting for a transplant, but also allowed us to learn and improve on the device, eventually intending it for long-term use," says Dr. Rose.

Most patients with heart failure are not sick enough to justify using the device. "But when you reach the point where their condition is basically terminal, it is clearly a very effective alternative," notes Dr. Rose. According to Dr. Rose, there already have been 40 improvements made to the HeartMate™ VE addressing such issues as infections and mechanical failure. He expects future pumps to be smaller with a longer lifespan; some will be fully implantable.

"We're looking at novel approaches to anticoagulation drugs that I think will be helpful in walking a tight rope between bleeding and clot formation when using these devices," says Dr. Rose. Researchers are also exploring stem cell transplantation to improve the health of the heart to the point that the device can be removed.

"We are having a lot of discussion now about what should be the appropriate trial design for sixth-generation devices that are coming along," says Dr. Gelijns. For now, life is much improved for many of the patients who have received the current HeartMate™ VE.

"In the best circumstances, patients have been able to get married; others can now play golf and tennis," says Dr. Moskowitz. "The only hope for these patients before was a heart transplant. That's not the case anymore."

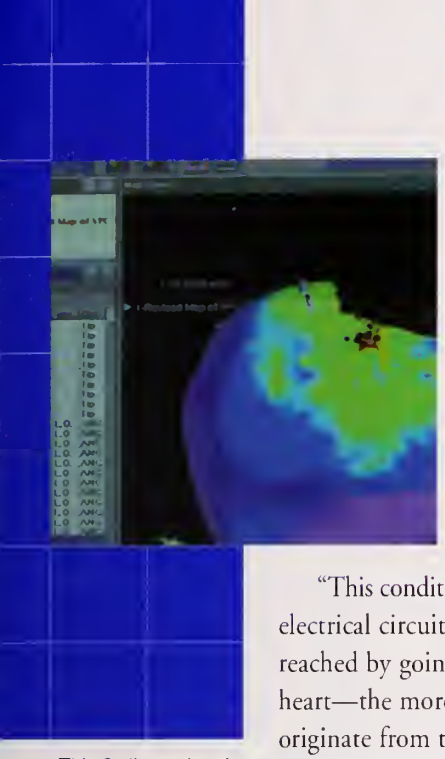
Bruce B. Lerman, M.D., Suneet Mittal, M.D., and their colleagues offer patients state-of-the-art care in the Cardiac Electrophysiology Laboratory using technology that enables them to treat cardiac irregularities with minimally invasive techniques.

Finding Answers for Arrhythmias

As a single working mother who had raised two daughters, 68-year-old Patricia Mack looked forward to retirement. But when she was ready to enjoy her leisure years, she developed a severe cardiac arrhythmia, an erratic and rapid beating of her heart. "I didn't feel well at all," says Patricia, who was referred to the Maurice R. and Corinne P. Greenberg Division of Cardiology at NewYork-Presbyterian/Weill Cornell.

Patricia was diagnosed with ventricular tachycardia—a life-threatening rhythm that involves the ventricles, the lower chambers of the heart. She had already undergone implantation of a cardioverter-defibrillator, a device capable of delivering an electrical shock to the heart. However, she continued to suffer from nearly incessant episodes. These episodes, which had failed to respond to any of the usual medications, were thought to be weakening Patricia's heart muscle. Furthermore, the site of her arrhythmia could not be identified.

Bruce B. Lerman, M.D., Chief of the Greenberg Division of Cardiology and Director of the Cardiac Electrophysiology Laboratory at NewYork-Presbyterian/Weill Cornell, and his team have recently made great progress in the treatment of patients with life-threatening ventricular arrhythmia.



This 3-dimensional image of the left ventricle illustrates "activation times" of an arrhythmia. The site of origin is depicted in red; sites further from the source are depicted in green and blue. The small maroon circles show where ablations were performed to treat the arrhythmia.

He and his colleague, Suneet Mittal, M.D., determined that Patricia's best chance of a cure would involve a delicate and relatively new procedure to study the surface of her heart by means of a catheter that is inserted through the chest wall into the pericardial space.

"This condition involves very complex electrical circuits. Some circuits can't be reached by going into the inside of the heart—the more traditional method—and originate from the surface of the heart, or epicardium," explains Dr. Lerman. "To get there, we use a catheter to reach the space that exists between the outer surface of the heart and the lining around the heart, called the pericardium. This allows us to move around the outer surface of the heart to identify the epicardial abnormality in the circuit, and ablate it from that region." Using this approach, Patricia was successfully treated.

In other exciting research, Dr. Lerman has identified a novel mutation that is the cause for ventricular tachycardia in young people who have no apparent structural heart disease. "We isolated a mutation of a gene of a particular G protein important to mediating the electrical properties of the heart that accounted for the tachycardia in some of these patients," says Dr. Lerman. One of their unique findings was that this mutation was localized to the area where the tachycardia originated, and was not present in the remote areas of the heart. Called a somatic mutation, it is the first such mutation in the heart ever identified.

"This provided a new understanding of the mechanisms by which this particular type of tachycardia occurs," says Dr. Lerman. "It is known as a focal tachycardia—meaning it occurs from just one particular spot. Using our computerized mapping system to pinpoint that site, we can then ablate the area or eliminate it."

Cardiac breakthroughs are not new for the NewYork-Presbyterian/Weill Cornell cardiology team. In the last decade, the program has earned international recognition in the research and treatment of cardiovascular disease. Home to one of the nation's most respected cardiac catheterization, cardiac arrhythmia and echocardiography laboratories, the Division also has an outstanding group of molecular cardiologists performing cutting-edge research. Among recent innovations, the Division has acquired a "supercomputer," the world's only three-dimensional computer model that helps to identify factors related to atrial fibrillation.

Atrial fibrillation occurs when the chambers of the heart do not contract at one uniform, coordinated time, but rather irregularly. When this happens, the atrium cannot push blood into the ventricles in the normal manner. Unless controlled, the condition, which affects some 2.5 million Americans, can put people at higher risk for stroke.

"Some patients are aware of every single heartbeat and it's unnerving," says Dr. Lerman. "Traditional methods of treating atrial fibrillation are to either control the rate of the rhythm or to try and suppress the arrhythmia itself with anti-arrhythmic agents. However, these methods have met with only modest success. The medications are also potentially toxic, and patients must take them for the rest of their lives."

For patients who are markedly symptomatic and do not respond to medications, an important breakthrough in catheter ablation treatment can be very beneficial. "Ablation lines that deliver radiofrequency energy are encircled around the pulmonary veins to electrically isolate them from the rest of the heart," explains Dr. Lerman. "When the electrical discharge to interrupt the arrhythmia is set off, it does not enter the left atrium to disorganize the rest of the heart."

Patients who are benefiting from new treatments for arrhythmia will be followed closely to determine their success. Four months past her procedure, Patricia says, "I'm exercising and getting back to my normal routines. I'm really feeling good."

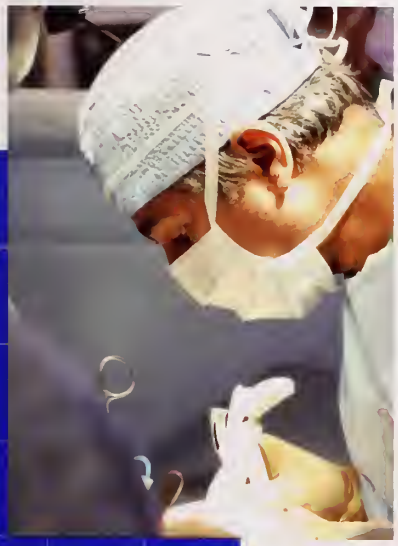
Changing Expectations in Lung Cancer Treatment

In the United States, lung cancer results in the deaths of more men and women than the next three most common cancers of the colon, breast and prostate combined. It has been estimated that nearly 170,000 individuals were diagnosed with lung cancer in 2002, with nearly 155,000 dying from the disease during that year. Since lung cancer has few symptoms in its early stages, it usually goes undetected until it is too advanced to be successfully treated.

"Cancers are presumably more curable if they're smaller," says Nasser K. Altorki, M.D., Director of the Division of Thoracic Surgery at NewYork-Presbyterian/Weill Cornell and a principal investigator of a study that evaluated the relationship between tumor size and survival rates in patients with stage 1A non-small cell lung cancer, which accounts for about 80 percent of all lung cancers.

Researchers, led by thoracic surgeon Jeffrey Port, M.D., reviewed the history of 244 patients who underwent surgical resection for lung tumors between 1991 and 2001. Comparing five-year survival rates to tumor size, they determined that tumor size was an important predictor of long-term survival.

Nasser Altorki, M.D., looks to the future when lung cancers will be detected at the earliest possible stage to allow treatment to be successful.



"We found that a tumor size difference of even one centimeter can impact survival, leading us to believe that further substaging of stage 1A lung cancer is critical to ensure that patients in this stage receive the most effective treatment," says Dr. Altorki. "This supports the belief that early detection of asymptomatic lung cancer can significantly improve a patient's chances of survival, and further reinforces the importance of CT scanning, which can detect tumors smaller than one centimeter."

"When you find tumors smaller, you can provide treatment that will help preserve lung tissue," says Dr. Altorki. "That may mean that instead of needing to remove the entire lobe, removing only a segment of the lobe may suffice to achieve a cure. Or you may still need to remove the lobe, but you can use minimal access surgery, which is easier on the patient."

"Both of these approaches could not have otherwise been performed if the tumor remained undetected until it was much larger. Further investigation may help us to identify a tumor-size threshold below which there is a minimal or reduced risk of metastases," notes Dr. Altorki. "However, the message is clear: Early detection of tumors means better odds of survival."

For patients with advanced lung cancer, there are new treatments that may precede surgery, and more methods that follow post-operatively. Physicians are looking at drugs that interfere with the ability of the cancer cells to divide that are less toxic than chemotherapy, as well as vaccines that are intended to boost the immune system to fight the cancer.

"There are many novel alternatives that are not like the treatment strategies of old, where you have a heavy emphasis on chemotherapy and/or radiation," says Dr. Altorki. "These agents are still important, but slowly, bit by bit, other strategies are emerging that may allow us to use less of those toxic treatments, improve their efficacy, or reduce their dose."

"For 40 years, patients and physicians have essentially despaired about making progress in lung cancer," adds Dr. Altorki. "Now we are beginning to learn more, and there is much to be hopeful for in the future."

In the new pulmonary rehabilitation facility in the Center for Chest Disease, Byron Thomashow, M.D., and Kim Stavolakes, M.S., P.T., Rehabilitation Coordinator, talk with Betty Worrell about the benefits of pulmonary rehabilitation, which is a standard component of treatment for emphysema.

Dramatic Changes in Lung Disease Care

Four years ago, Betty Worrell was extremely sick with end-stage emphysema. She couldn't breathe and getting around was impossible. Her life was confined to watching TV. In fact, she says, "I wouldn't be here today if I hadn't come to NewYork-Presbyterian Hospital."

Desperate for help, Betty learned about a study being performed with emphysema patients at NewYork-Presbyterian/Columbia—one of 17 clinical research sites chosen from more than 100 centers nationwide and the only center in the New York City area selected by the National Institutes of Health and the U.S. Centers for Medicare and Medicaid Services for participation in the National Emphysema Treatment Trial (NETT). The five-year randomized study compared medical therapy to lung-volume-reduction surgery to determine its value in patients with severe emphysema.

"In lung-volume-reduction surgery, we remove 25 to 30 percent of the most damaged regions of each lung, which allows air to move in and out of the remaining lung more readily," says Joshua R. Sonett, M.D., Surgical Director of the Lung Transplant Program and

As a thoracic surgeon, Joshua Sonett, M.D., can offer patients with severe and chronic lung disease a range of therapeutic options, including lung-volume-reduction surgery, minimally invasive lung surgery, or lung transplantation, if indicated.

a specialist in lung-volume-reduction surgery at NewYork-Presbyterian/Columbia. "The objective is to ease the symptoms associated with advanced emphysema and improve overall lung function."

While the surgery was actually introduced in the 1950s, the concept was premature for clinical application. "Forty years of medical progress, however, enabled physicians to revisit the procedure in the early 1990s, with promising results," says Byron Thomashow, M.D., Medical Director of the Jo-Ann LeBuhn Center for Chest Disease and Respiratory Failure at NewYork-Presbyterian/Columbia, and co-principal investigator of the NETT study.

In December 1995, however, lung-volume-reduction surgery faced another obstacle when Medicare stopped paying for the operation, citing a lack of data, associated risks, and an inability to guarantee any benefit. Cost issues were also a concern. But Medicare had second thoughts and, for the first time in its history, it approached the NIH to set up a study to determine if there was a role for the procedure in the treatment of emphysema.

Without access to lung-volume-reduction surgery, few treatments—except for oxygen—were available to patients like Betty Worrell. "Lung transplantation had been used with reasonable results," notes Dr. Thomashow, "but it was expensive and the immunosuppressive agents needed are not tolerated well by patients over 65."

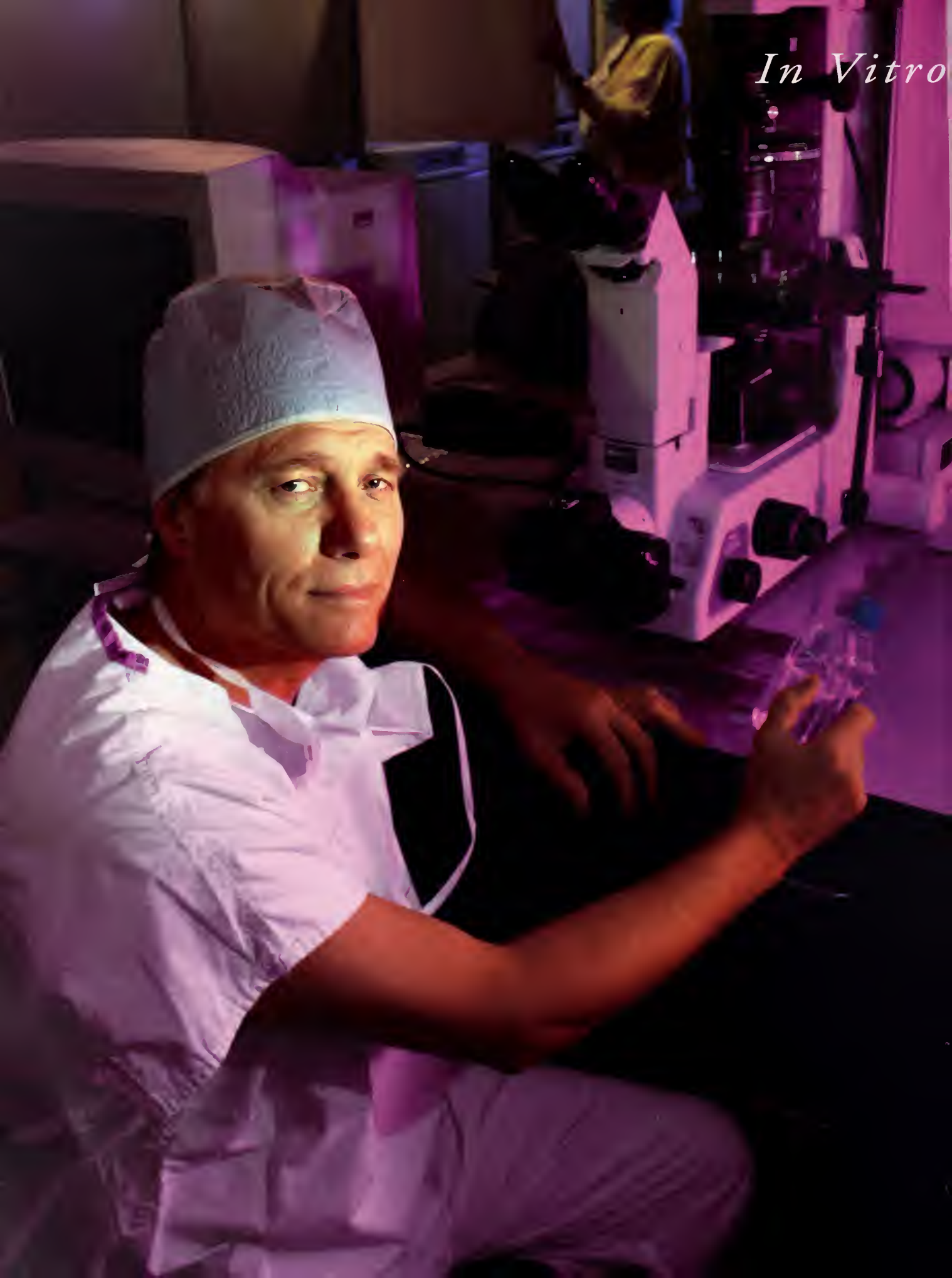
The NETT study enrolled 1,200 patients randomized to a medical group or surgical group. "In the patients who had non-upper-lobe disease and low exercise tolerance, we found very impressive improvement in quality of life following surgery," says Dr. Thomashow. "In the patients with upper-lobe disease and preserved exercise tolerance, there was impressive improvement in quality of life and in exercise capacity following surgery. Patients with upper-lobe disease and low exercise capacity had improvement in quality of life, in exercise capacity, and in survival. It was the first time that lung-volume-reduction surgery has ever been shown to improve survival and only the second time in some 25 years that we have found another therapy to improve survival in this population."

According to Dr. Thomashow, the study was unique in many ways. "It was the first time that Medicare and the NIH had ever joined together for a study. It was the first time that a prospective cost-analysis study was done at the same time as a major clinical study. Most importantly, it was the first time a major surgical procedure had ever been studied prospectively, before it went into widespread use. Many people believe that this study set the standard by which new surgical procedures are evaluated and it was very prestigious for NewYork-Presbyterian to be part of that process."

The final results of the study were published in *The New England Journal of Medicine* in May 2003. On September 26, 2003, the U.S. Centers for Medicare and Medicaid Services announced that Medicare would begin paying for lung-volume-reduction surgery in those patients likely to benefit. As part of this decision, NewYork-Presbyterian/Columbia was named a center of excellence and one of a select number of hospitals granted coverage for the procedure.

"We now have patients eight or nine years following surgery who are still significantly better than they were prior to surgery," says Dr. Thomashow. "It's not a cure for emphysema, and while there are clear risks and no guarantees, it can dramatically improve quality of life." Just ask Ms. Worrell, who underwent life-saving lung-volume-reduction surgery in 2000 by Mark Ginsberg, M.D., co-investigator of the NETT study and Surgical Director of the Jo-Ann F. LeBuhn Center for Chest Disease and Respiratory Failure.

"It's nothing short of a medical miracle," says Ms. Worrell. "Before, when I couldn't breathe, I would have had trouble saying this much. Now I can walk three or four blocks and carry on a normal conversation."


In Vitro

Fertilization: The Next Frontier

Thanks to the formidable combination of advanced technology and superb scientific and clinical skills of physicians at NewYork-Presbyterian/Weill Cornell, a couple knew with certainty that their two children would be born free of the deadly eye cancer, retinoblastoma. This significant achievement—the first in the world—was made possible by successfully employing preimplantation genetic diagnosis (PGD), or embryo biopsy, a diagnostic technique used with in vitro fertilization (IVF) to determine the genetic status of embryos before implanting them in a mother's uterus.

This extraordinary achievement was made possible by the combined expertise of Zev Rosenwaks, M.D., Director, the Center for Reproductive Medicine and Infertility, IVF pioneer, and a highly respected leader in the field; David H. Abramson, M.D., Director of the Robert M. Ellsworth Ophthalmic Oncology Center and an authority in the study and treatment of retinoblastoma in children; Kangpu Xu, D.V.M., Ph.D., a noted embryologist and expert in PGD technology, and other members of their interdisciplinary team.

Retinoblastoma, the most common cancer of childhood, occurs in 1 in 15,000 births. The disease is transmitted between a parent and their offspring. Children with the gene typically develop retinal tumors and are more likely to develop other forms of cancer as well.

In this particular case, the father himself, who carries the genetic defect, was born with retinoblastoma and was treated as a child. The couple's first child, who had not been screened for the genetic defect, went on to develop the disease and is now undergoing treatment for a brain tumor. Hoping to avoid the same fate for future children they might have, the couple turned to their physician, Ina Cholst, M.D., and the Center for Reproductive Medicine and Infertility.

In a new state-of-the-art Embryology Laboratory, Zev Rosenwaks, M.D., and an exceptional cadre of clinician-scientists,will continue to pursue groundbreaking work in preimplantation genetic diagnosis. (Inset) Carol Ann Cook, M.S., senior embryologist, examines a specimen.

"Previous methods for detecting retinoblastoma have had their limits," says Dr. Rosenwaks. "Chorionic villus sampling, amniocentesis, or percutaneous umbilical sampling all require tissue or fluid to be taken from the developing fetus. Couples who face a positive test result must then make the traumatic decision whether to terminate the pregnancy or give birth to a child genetically prone to developing cancer."

The couple's process of preimplantation diagnosis involved several steps, including ovarian stimulation to promote folicular development aimed at retrieving multiple eggs. After fertilization was achieved, a single cell was biopsied from each embryo and its DNA examined by Dr. Xu. Those embryos that were determined not to carry the retinoblastoma gene defect were implanted within the mother's uterus. She went on to have two successful pregnancies, and today the couple is blessed with a healthy one-and-a-half-year-old girl and a son, seven months.

Currently at NewYork-Presbyterian/Weill Cornell, preimplantation genetic diagnosis is also being offered to couples at risk for transmitting genetic disorders and chromosomal abnormalities that may cause Tay Sach's disease, cystic fibrosis, sickle cell anemia, hemophilia, thalassemia, Fanconi's anemia, and many other disorders.

"The ability to diagnose disease before achieving a pregnancy allows one to potentially avoid having to have a therapeutic abortion and also reduces the risk of miscarriages," says Dr. Rosenwaks, who notes that more than half of all reproductive losses are associated with chromosomal abnormalities. Performing genetic diagnosis prior to fertilization or implantation could prevent the initiation of abnormal pregnancies.

"When you can prevent a serious disease, eliminating the worry of what might happen and sparing the child and family future suffering," says Dr. Rosenwaks, "it is very rewarding."

Advances in ultrasound technology have paved the way for Mary D'Alton, M.D. (left), and Arlene Pindar, ultrasound technician, to obtain important prenatal information for expectant parents.

Providing a Prenatal Perspective

When Nikki Bialow saw the image of her child "kicking and turning over," it was a moment she says she will never forget. Made possible through three-dimensional sonography performed when Nikki was just 11 weeks pregnant, the experience paved the way for a hopeful and promising pregnancy.

"Seeing my baby was incredible…it changed my life," says the New Jersey resident, who had come to the Department of Obstetrics and Gynecology at NewYork-Presbyterian/Columbia because of its outstanding reputation in caring for high-risk pregnancies and ensuring the health of mothers-to-be and their babies. Nikki, 32, is considered at higher risk for delivering a child with abnormalities after tragically losing her first child at only 16 days old.

She and her husband were referred to Mary D'Alton, M.D., Chief of Obstetrics and Gynecology, who, Nikki says, put her at ease. "Dr. D'Alton has given us peace of mind," says Nikki. "We trust her completely."

Certified nurse-midwife Jeanne Coulehan, C.N.M., works closely with patients in the new Center for Prenatal Pediatrics.

For women like Nikki Bialow, the Division of Maternal Fetal Medicine at NewYork-Presbyterian/Columbia offers a number of screening tools to ensure that they benefit from the most current approaches to care during pregnancy. The Division is staffed by experts in maternal fetal medicine and equipped with state-of-the-art technologies that facilitate difficult diagnosis and help in monitoring high-risk pregnancies, which include mothers who are older, have a pre-existing medical condition, a history of miscarriages, or have a genetic factor that threatens pregnancy.

"We offer a full range of tests for those women who wish to have them," says Dr. D'Alton. "Our job is not just to recommend, but to discuss the testing that is available and to help parents come to the best decision for them."

Through the FASTER Trial (First and Second Trimester Evaluation of Risk), a nationwide clinical trial led by NewYork-Presbyterian/Columbia, physicians are evaluating several new screening tests to calculate the risk of chromosomal anomalies. For example, they have discovered that the combination of doing the three-dimensional ultrasound and measuring the maternal serum for blood markers produced by the placenta in the first trimester of pregnancy is a very effective tool for detecting Down syndrome.

"Three-dimensional ultrasound looks specifically for abnormalities," explains Dr. D'Alton. "We also use a fetal MRI if we suspect an abnormality of the brain, which can delineate the condition much better than a traditional ultrasound."

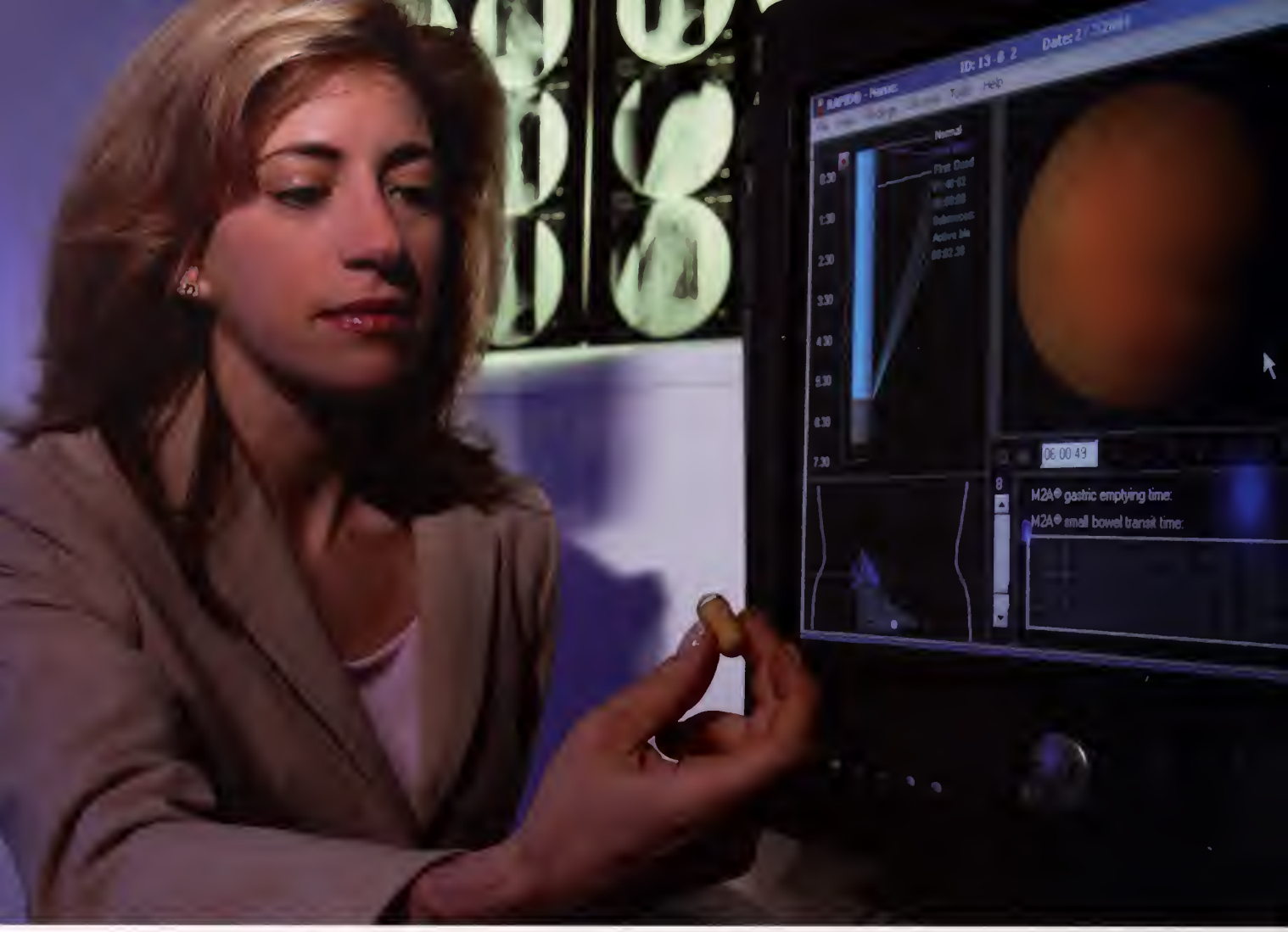
While Dr. D'Alton and her staff offer the very latest in genetic and imaging techniques, she also stresses their unique and effective collaboration with the pediatric specialists at the Morgan Stanley Children's Hospital of NewYork-Presbyterian.

"When a mom is carrying a baby that may need surgery after the delivery, she needs to know who is going to look after her baby when he or she is born, who's going to perform the surgery, and any other issues that may arise from a complicated pregnancy and uncertain outcome," says Dr. D'Alton. "We have established a multidisciplinary team that is available to address all aspects of care. When abnormalities are discovered, a psychologist and psychiatrist also are available to help families deal with accompanying emotions during an extraordinarily stressful time. Our genetics counselor guides parents through any consults that may be needed and coordinates any diagnostic, clinical or counseling services."

"Even with all our advances in technology, we balance trying to make the right diagnosis, optimize the outcome for families, and provide the environment in which they can get the best care possible," says Dr. D'Alton.

With the talent, techniques and tools in place to help families gain peace of mind, Dr. D'Alton recently inaugurated a new Center for Prenatal Pediatrics at Sloane Hospital for Women as part of her ongoing work to ensure exemplary care for mothers and infants. In the future, she hopes for still better and less-invasive ways to detect problems at the earliest stage of pregnancy. "Some day we will be able to just take a sample of blood from the mother and make a genetic diagnosis, rather than doing procedures like amniocentesis that carry some risk," she says.

Seeing her baby move about has helped Nikki Bialow overcome her early fears and apprehension. "To know that my baby is developing safely has changed my whole attitude about this pregnancy," she says. "It was fascinating, and at the same time, so reassuring."



Felice Schnoll-Sussman, M.D., is studying the use of capsule endoscopy as the newest tool for detecting disease of the small intestine and other gastrointestinal disorders.

Shedding New Light on Gastrointestinal Health

When physicians could not find the source of recurrent gastrointestinal bleeding in an 88-year-old woman, they decided that a new technique, called capsule endoscopy, might provide the answer without having to perform an invasive procedure.

Capsule endoscopy is a technique that is enabling gastroenterologists at NewYork-Presbyterian/Weill Cornell to explore the previously hidden world of the small intestine through images taken by a tiny camera inside a pill-like device that is swallowed by the patient. In cases in which indicated radiographic and endoscopic procedures fail to identify the cause of chronic or unexplained gastrointestinal bleeding, a capsule endoscopy procedure offers a non-invasive method to view the lining of the entire small intestine.

"While other evaluative methods are useful in diagnosing problems in the small intestine, never before have we been able to view the entire internal lining of this organ," says

Mark Pochapin, M.D., and Tamara Wallace, Director of Education and Outreach, at the new Jay Monahan Center for Gastrointestinal Health.

Felice Schnoll-Sussman, M.D., gastroenterologist at the Jay Monahan Center for Gastrointestinal Health at NewYork-Presbyterian/Weill Cornell. "In the past, diagnoses of the small intestine were made only by x-ray, upper endoscopy, or open surgery. Now, we have a new non-invasive diagnostic option for problems that remain undiagnosed after x-ray and upper endoscopy."

Capsule endoscopy is aiding in the diagnosis of formerly undetectable abnormalities in the small intestine that commonly result in gastrointestinal bleeding, which left untreated may be life threatening. The procedure is completely non-invasive and does not require sedation. The patient swallows a pill that contains a miniature camera, transmitter, and four light-emitting diodes. As the pill moves through the small intestine, the camera takes photographs at two frames per second, transmitting them to a data recorder that the patient wears around the waist. After eight hours, the physician removes the data recorder, downloads more than 60,000 images onto a computer, and views these images for sources of bleeding, such as ulcers, hernia, inflammation, stricture, polyps, and cancer. The capsule is disposable and is excreted naturally.

"Capsule endoscopy represents a significant advance in terms of identifying lesions of the small intestine," says Dr. Schnoll-Sussman. "With the aid of this procedure, we are clearly able to make diagnoses earlier in the course of disease—and we hope this will result in decreased morbidity and mortality for patients."

In the 88-year-old woman with recurrent gastrointestinal bleeding, capsule endoscopy allowed physicians to detect a previously unidentified small tumor in the lower small intestine. "Even a few years ago, this patient likely would have undergone several more diagnostic procedures before the cause of her bleeding was identified," says Mark B. Pochapin, M.D. "Capsule endoscopy allowed for early detection of the tumor, and thus early treatment. This patient is now doing very well."

Dr. Pochapin is Director of the newly opened Jay Monahan Center for Gastrointestinal Health, named in honor of Jay Monahan—the late husband of *TODAY* show co-anchor Katie Couric—who died of colon cancer at age 42. Ms. Couric and Dr. Pochapin spearheaded the effort to establish this state-of-the-art cancer and wellness center, one of only a few comprehensive cancer and wellness centers in the United States exclusively dedicated to gastrointestinal health.

"We place great emphasis not only on providing seamless and cutting-edge diagnosis and treatment for our patients with gastrointestinal cancer, but also on offering comprehensive education and support resources and programs to patients, families, and the public," notes Dr. Pochapin. "The waiting area of the Monahan Center serves as an education center. As such, it is a hub of patient and family support, featuring five computer stations with online access, a two-wall flat-screen educational video unit, and an extensive library of informational books and brochures." The Center's educational program exists to provide information on treatment as well as to promote the prevention and early detection of gastrointestinal cancers.

As in all areas of medicine, detecting disease in its early stages is critical. Adding capsule endoscopy to their repertoire of technologically advanced tools and techniques, along with an emphasis on education and support, gastroenterologists at NewYork-Presbyterian/Weill Cornell are committed to the prevention and early detection of gastrointestinal disease and the promotion of optimal gastrointestinal health.

Offering

the Best in Breast Cancer Care

Most women live in fear of ever hearing: "You have breast cancer." It happens to our friends, our neighbors and members of our families all too often it seems. Armed with an ever-growing arsenal of risk-assessment strategies and new clinical techniques that detect cells that may become cancerous, physicians at NewYork-Presbyterian/Columbia are committed to preventing women from having to hear those terrifying words.

"We are in a new era of breast cancer treatment," says Freya R. Schnabel, M.D., Chief of Breast Surgery at NewYork-Presbyterian/Columbia. "Early detection is critical, of course, but we're also not just waiting for someone to develop a tumor in the breast. We are proactively identifying women who are at higher risk and offering them techniques and management strategies to ultimately reduce the risk of developing cancer."

Dr. Schnabel and her team use a number of methods to assess a woman's risk for developing breast cancer, including a comprehensive personal and family history, statistical models and genetic analysis. "In trying to determine a patient's risk, it's important for a physician to have a conversation with a patient—not a monologue," says Dr. Schnabel. "We need to take the time necessary to explore her background and family history. And we use every tool that we can to quantify risk that allows our patients to make good, informed decisions on managing that risk."

With assistance from Marie Wand, M.D., Fellow (right), Freya Schnabel, M.D., performs a ductal lavage procedure to help determine if a patient is at high risk for developing breast cancer.
(Inset) Dr. Schnabel's wonderful "bedside manner" helps to put women at ease.

Dr. Schnabel also applies the newest procedures to determine what is happening inside the breast. Among them is ductal lavage—a technique that allows physicians to find early, abnormal risk-elevating changes in the breast by collecting cells inside the milk ducts, where 75 percent of cancers begin. During the 30-minute, relatively painless procedure, a small suction cup is placed over the nipple to draw small amounts of ductal fluid to the nipple's surface. Once a duct is identified to be lavaged, a microcatheter is used to collect cells from inside the duct, which are then sent to a lab for analysis.

Dr. Schnabel emphasizes that ductal lavage is not a technique to be used for all women, but is appropriate for women who have had breast cancer or are at high risk of developing the disease based upon family history, for women who have had a prior biopsy showing pre-cancerous findings, or for women who test positive for the genes known to cause breast cancer. If a patient's lab analysis indicates atypical cells, however, it does not necessarily mean that breast cancer will develop. "What it does mean is that we can better prepare the patient to determine the pros and cons of risk-reduction drug therapy and/or close monitoring," says Dr. Schnabel.

Risk-reduction strategies include taking a pharmacological approach, such as the use of tamoxifen, a powerful drug that reduces the risk of breast cancer recurrence and decreases the chance of new breast cancers starting. Although most of the side effects of tamoxifen are not life threatening, they can impact a patient's quality of life, sometimes to a considerable degree. "If you can give a patient a sense of exactly how high their risk is, they can make a better choice about whether or not to take the drug," she says.

Women who have been found to carry the breast cancer gene mutations have an 85 percent chance of developing breast cancer sometime in their life. "When women have those mutations, they are at extreme risk, and in these cases, prophylactic surgery may be warranted," adds Dr. Schnabel.

Dr. Schnabel is proud of the personalized approach each and every member of her multidisciplinary service extends to patients. "A woman with breast cancer is going to deal with it for the rest of her life. We're developing a long-term relationship with her, and she needs to have confidence and trust in the people who are providing her care."

JoAnn Difede, Ph.D., demonstrates virtual reality therapy—a new treatment for post traumatic stress disorder that is helping patients to overcome the long-term emotional torment experienced as a result of the attack on the World Trade Center.

Relieving Terror by Reliving It

As a Safety Battalion Chief with the New York City Fire Department when the events of September 11 unfolded, Stephen King suffered a major knee injury while in a staircase of the North Tower of the World Trade Center. Mr. King recovered from the physical trauma, but was scarred emotionally from his horrific experiences that day. Not only was his self-confidence shattered, his sleep was haunted by nightmares.

"I tried to hide my feelings, hoping they would eventually disappear," says Mr. King. "But the symptoms got worse and I knew I needed help."

It is estimated that a half-million people developed post traumatic stress disorder (PTSD) as a result of their 9/11 experiences. Like Mr. King, many suffer sleep disturbances and have vivid, disturbing flashbacks. Today, he and a number of New York City firefighters, as well as civilians who witnessed firsthand the terrors of that day, are finding

Firefighter Stephen King undergoes virtual reality therapy to help him cope with the residual effects of September 11.

help through a unique collaboration between virtual reality technology and traditional psychotherapy offered through the Program for Anxiety and Traumatic Stress at NewYork-Presbyterian/Weill Cornell, directed by JoAnn Difede, Ph.D.

Dr. Difede and her colleagues worked with Hunter Hoffman, Ph.D., at the University of Washington to create a three-dimensional digital re-enactment of the terrorist attacks on 9/11 for virtual reality exposure therapy (VRET). "This is the first time such sophisticated technology has been used to treat PTSD brought on by an act of terrorism," says Dr. Difede, who directs one of the few virtual reality treatment facilities in the nation.

In a physically controlled and emotionally safe setting, patients put on a special helmet with miniature computer monitor screens that are positioned close to the eyes. Stereo earphones adjust sound that corresponds to movement. Rather than being immersed in the entire day's events at the onset of therapy, patients are exposed to them incrementally.

Because the therapist controls what the patient will see, therapy may begin with just a scene of the World Trade Center on that clear blue September day. This could progress to seeing a plane flying overhead. In a step-by-step approach over several sessions, patients would eventually see the plane striking the building and the subsequent explosion, fire and devastating aftermath of the attack.

Virtual reality offers the therapist and patient total control over their environment and the ability to proceed in treatment at an individualized pace. "Patients are gradually exposed to graded doses of sensory-rich, evocative therapeutic experiences tailored to their needs," says Dr. Difede. "As a person can tolerate it, we add the additional stimuli, which are the sound of the planes, the crash, or platforms shaking." All the while, therapist and patient discuss the emotions and memories that come to light during the re-creation.

Mr. King underwent 18 months of traditional therapy before beginning the new virtual reality approach. "While regular therapy helped, I eventually hit a plateau," says Mr. King. "Some things, like the way I reacted to loud noises, weren't getting better. Each time I heard something loud, I would relive the fear of when the towers started to come down."

For Mr. King, the audio piece of the virtual reality simulation was most significant. He didn't see the second plane; he heard it. Says Mr. King, "It helped me to remember things, including what I heard, more clearly."

"The virtual reality experience enables you to confront your trauma and process it emotionally," says Dr. Difede. "However, a component of PTSD is avoidance. Patients are faced with a conundrum of how to confront something that they're actively or unconsciously trying to avoid. Virtual reality therapy provides an opportunity to improve emotional engagement in treatment, enabling patients to access memories more readily in order to make sense of them."

Typically it takes about seven sessions of immersion for patients to come to grips with their experience and to begin to move past it. "I've been working in trauma for 16 years, and as a clinician and a scientist, I am very impressed with how constructive the therapy is," says Dr. Difede. "In a limited time frame, this therapeutic approach has the remarkable potential to help people proactively overcome their paralyzing fears."

Dr. Difede uses virtual reality therapy for anxiety disorders as well, systematically desensitizing individuals to their particular fears. Within six to eight, one-hour sessions, patients are able to overcome their phobia—for example, a fear of heights or fear of small spaces—and go on to maintain the positive outcomes of the therapy.

Helping

the Well Elderly Stay Well

Several mornings each week, Vastie Peacock walks more than a mile from her apartment on her way to The Allen Pavilion. Fully recovered from a stroke four years ago, Vastie, 68, plans to stay that way, with help from her friends at the Columbia Cooperative Aging Program (CCAP).

CCAP is an innovative program of NewYork-Presbyterian/Columbia that focuses on the health needs of the well elderly. For more than a year, it has been providing management plans for healthy older individuals. Free for patients, CCAP is funded by NewYork-Presbyterian Hospital, Columbia University's Department of Medicine, and the Jean and Louis Dreyfus Foundation.

"Typically current medical care for older adults only takes place when bad things happen," says Mathew Maurer, M.D., a cardiologist who specializes in geriatrics and is Director of CCAP. "We're bringing health care prevention to this geriatric population, identifying factors of potential functional decline ahead of time, and then developing targeted interventions that can be helpful."

The well elderly are not necessarily without some health issues, but in general, they are over the age of 60 and are still vital and able to live independently. "They are what we describe as vulnerable," says Dr. Maurer. "They are free of significant disabilities and still living in their own homes. Our goal, through education and outreach, is to prevent them from entering the hospital and, at the same time, to improve their quality of life."

CCAP members like Vastie Peacock have a strong desire to learn about any proactive steps they can take to stay healthy. They're doing just that with the help of Mathew Maurer, M.D. (seated), medical resident Amit Thosani, M.D., and (inset) Sigrid McCabe, O.T.R.

Based at The Allen Pavilion, CCAP is affiliated with 10 community-based senior centers in Manhattan and the Bronx. The core CCAP team includes medical residents, geriatricians, internists, cardiologists, geriatric nurse practitioners and occupational therapists. The initial comprehensive evaluation begins with an in-depth interview with the patient, conducted by a first-year medical resident as part of their geriatric rotation experience.

The interview employs a structured approach to comprehensive evaluation of elders (the CARE), which was developed by the Stroud Center for Quality of Life at Columbia University and has been modified to incorporate probes that solicit a life story from patients. "We encourage our clients to talk about their lives, their families, their regrets, and the challenges they've faced," says Sigrid McCabe, M.S., O.T.R., Program Coordinator. "We ask them what activities they did, what they do now, and what they'd like to do. When you think of health and functioning, you have to consider all aspects of a person's life."

"Mood disorders play a large role in promoting ill behaviors and poor health among the elderly," says Dr. Maurer. "Pursuing an activity with something they enjoy helps combat the isolation and depression that affects many elderly people. We develop a partnership with the patient and help them to realize they really can direct their own health care."

CCAP also provides members with a monthly preventive-health newsletter and, in collaboration with the Health Outreach program, educational events at The Allen Pavilion. CCAP members often take advantage of other Health Outreach programs such as support groups and exercise classes. For patients like Vastie Peacock, the exercise classes held two days a week help her to feel at her best.

The clinicians and staff of CCAP are studying the impact and benefits of this program, and Dr. Maurer is convinced that data collected will one day support its role as a model for other hospitals. "We are very appreciative of the groundswell of support for the program from everyone at the Hospital and the University," says Dr. Maurer. "We all understand that this is how we will want to be treated some day."

Development Report 2003

The 2003 calendar year set a fundraising record for NewYork-Presbyterian Hospital, tallying more than $129 million in new gifts and pledges, which represent a 15% increase over the previous record of $112 million set in 2000. The overwhelming generosity of the Hospital's trustees, as well as individuals, foundations, and corporations, has enabled NewYork-Presbyterian to maintain its tradition of excellence.

In 2003, the dedication of trustees created a solid foundation for the Capital Campaign, which will be announced publicly in September 2004. Under the leadership of Jerry Speyer, Hospital trustee and Campaign chair, with trustees and co-chairs Frank A. Bennack, Jr. and John Mack, Chairman of the Board of NewYork-Presbyterian, the Campaign recorded more than $400 million in gifts as of December 2003. Major gifts to the Campaign from trustees and friends included support from an anonymous donor, the Fribourg Foundation, Harvey Golub, Howard S. Jonas, the C.J. Mack Foundation (a charitable entity established by Christy and John Mack), Sir Edwin A.G. Manton, Heather and Steven Mnuchin, the Pincus Family Fund, Katherine Farley and Jerry Speyer, among many others.

Philanthropy drives project development at all of the Hospital's major sites. Significant support in 2003 included the gifts highlighted below.

NewYork-Presbyterian/Columbia

The uptown campus celebrated the opening of the Morgan Stanley Children's Hospital on November 12, 2003. The $120-million building was funded entirely through philanthropy, including contributions from more than 600 employees of Morgan Stanley & Co., Inc. John Mack, former President and Chief Executive Officer of Morgan Stanley, with fellow trustees Peter Karches and Robert Scott, who also served in leadership roles at Morgan Stanley, and a host of dedicated friends were instrumental in establishing one of the world's best children's hospitals.

In 2003, the Morgan Stanley Children's Hospital received enthusiastic support from steadfast friends, including Mark and Lisa Schwartz, the Russell Berrie Foundation, the William Stamps Farish Fund, and the John Brennan family, whose gift was made in memory of Thomas Moore Brennan. The Pediatric Cardiac Intensive Care Unit received generous support from Irene and Abe Pollin, whose gift was made in memory of Linda Joy and Kenneth Jay Pollin. The annual Pollin Prize in Pediatric Research, generously established by the Pollins and recognizing discoveries in treating acute lymphoblastic leukemia, was awarded for the second time.

Two anonymous gifts contributed to the renovation and expansion of the emergency department in The Allen Pavilion. Trustee John Thain with his wife, Carmen, provided stalwart support to the Sloane Hospital. The generosity of trustee John K. Castle enhanced neurological programs, while fellow trustee David I. Margolis with his wife, Barbara, supported the Neurological Intensive Care Unit. The Estate of Sherlock Hibbs made a magnanimous bequest to help ensure the Hospital's continuing success.

NewYork-Presbyterian/Weill Cornell

Friends of the downtown campus continue to advance Hospital programs. The Estate of Bill Blass provided

A magnificent celebration at the grand opening of the Morgan Stanley Children's Hospital—a $120-million building funded entirely through philanthropy, including personal contributions from more than 600 employees of Morgan Stanley.

Faculty co-chairs with Herbert Pardes, M.D. (center) at Gala 2003, which benefited Neurology and Neurological Surgery programs. (From left) Philip E. Stieg, Ph.D., M.D., M. Flint Beal, M.D., Timothy A. Pedley, M.D., and Robert A. Solomon, M.D.

extraordinary support to the AIDS Care Center, and a lead gift from Jill Roberts and the Appleman Foundation created the Center for Inflammatory Bowel Disease. Rehabilitation Medicine acquired new facilities thanks to the generosity of The Shulsky Foundation, and the Urologic Oncology program received stalwart support from dedicated friends David H. and Julia F. Koch.

The Komansky Foundation, through the extraordinary efforts of Phyllis and David Komansky, is improving pediatric care. The Merrill Lynch & Co. Foundation, Inc. also made a donation to name the Pediatrics Unit. Helen and Charles Schwab continue to help burn victims through the Schwab Burn Endowment Fund. The generosity of Ewa and S. Daniel Abraham and Sharmin and Bijan Mossavar-Rahmani will enhance our ultrasound capabilities.

Special Events

On April 24, a robust gathering of New York's distinguished hospital and community leaders assembled at the Waldorf-Astoria for the annual gala of NewYork-Presbyterian. The benefit brought in more than $2.4 million for Neurology and Neurological Surgery programs. Arthur Ryan, trustee, chaired the event with faculty co-chairs, Drs. M. Flint Beal, Timothy A. Pedley, Robert A. Solomon, and Philip E. Stieg.

The Lying-In Hospital's Executive Committee of NewYork-Presbyterian/Weill Cornell brought in over $550,000 for the Department of Obstetrics and Gynecology at the fashion show sponsored by CHANEL and Bergdorf Goodman on May 12.

Hosted by JPMorgan Chase and Kobrand Corporation, the Cults & Fantasies dinner and wine auction on October 14 generated more than half a million dollars for the Center for Women's Health at NewYork-Presbyterian/Columbia and the Sindab Research Program.

NewYork-Presbyterian/Weill Cornell hosted its annual benefit, *Cabaret,* on October 27 at the Cathedral of St. John the Divine. This event, co-chaired by trustee Charles Koppelman and his wife, Bunny, and Medical College overseer Sanford Ehrenkranz and his wife, Lisa, brought in more than $2.2 million for the Medical Center. Contributing to its success were Journal Co-Chairs Patricia Allen, M.D., Douglas McIntyre, and Catherine Wood.

NewYork-Presbyterian/Weill Cornell also hosted *Light Up A Life,* the annual benefit for the Department of Pediatrics, on November 15 at FAO Schwarz. The successful event brought in approximately $200,000 for pediatric programs.

Annual Events

NewYork-Presbyterian has created three special programs to recognize friends who have demonstrated exceptional commitment to the institution: the James Lenox Society, Partners in Medicine, and the Whitney-Harkness Society chaired by Walter Wriston. Each program hosts events throughout the year, where members can learn about important Hospital initiatives and developments from its renowned faculty.

The Save-A-Life program established by Dr. Herbert Pardes in 2000 helps patients in need receive the best care. On November 3, the Circle of NewYork-Presbyterian Hospital, a voluntary philanthropic group chaired by Jean Clark and Collette Kean, hosted a dinner and raffle at '21' Club to benefit this important ongoing initiative.

Enjoying *Cabaret* 2003 are (top row, from left) Douglas McIntyre, Journal Co-Chair; Antonio M. Gotto, Jr., M.D.; Cabaret Co-Chairs Charles Koppelman and Sanford Ehrenkranz; Herbert Pardes, M.D.; and (bottom row, from left) Patricia Allen, M.D., Journal Co-Chair; Anita Gotto; Cabaret Co-Chairs Bunny Koppelman and Lisa Ehrenkranz; Nancy Wexler, Ph.D.; and Catherine Wood, Journal Co-Chair.

Heather Sargent, Co-Chair, *Light Up A Life*, is joined by Penny England, Herbert Pardes, M.D., and Kathleen Burns Buddenhagen at this annual event benefiting pediatric programs.

Report on the Councils

John K. Castle, *Chairman*

NewYork-Presbyterian Hospital is fortunate to have the guidance and support of two important councils composed of donors, community members, and physicians. Their advocacy and education efforts in 2003 are described below.

Columbia Presbyterian Health Sciences Advisory Council

The Columbia Presbyterian Health Sciences Advisory Council, chaired by John K. Castle, continues to work with Herbert Pardes, M.D., President and CEO of NewYork-Presbyterian Hospital, and Gerald D. Fischbach, M.D., Executive Vice President for Health and Biomedical Sciences and Dean of the Faculties of Health Sciences and Medicine, to promote the interests of NewYork-Presbyterian Hospital/Columbia University Medical Center. The Council's members serve as advocates on behalf of various initiatives and activities in health care, training, research, and service. "The Council has been indispensable in forging a mutually beneficial relationship between the faculty and administration of NewYork-Presbyterian Hospital/Columbia and the community of friends whose support is essential to its continued success," said John Castle. The Council is composed of distinguished individuals drawn from friends and faculty of the Medical Center.

The Advisory Council honored two esteemed and beloved personalities at its semi-annual luncheons in the Milstein Hospital Building. On May 8, 2003, Mike Wallace, of *60 Minutes* fame, was presented with the Council's Award for Distinguished Service for his commitment to raising awareness about mental health issues. On November 20, Derek Jeter, All-Star captain of the New York Yankees, received the Award for Distinguished Service for his child advocacy activities. Mr. Jeter created the Turn2 Foundation, which promotes healthy lifestyles for children.

Jeffrey W. Greenberg, *Chairman*

NewYork Weill Cornell Council

The NewYork Weill Cornell Council has grown tremendously under the leadership of Jeffrey W. Greenberg, Council Chairman, Antonio M. Gotto, Jr., M.D., D.Phil., Stephen and Suzanne Weiss Dean of Weill Cornell Medical College, and Herbert Pardes, M.D., President and CEO of NewYork-Presbyterian Hospital. The Council, which is a shared advocacy group for the Hospital and the Medical College, now totals 97 members as of December 2003. It serves as an important forum for educating friends, donors, and members of the community on issues of contemporary relevance in medicine. "The Council is instrumental in advancing the joint interests of both institutions," said Mr. Greenberg, "by promoting dialogue between their representatives and introducing them to the communities they serve."

The Council met three times in 2003. The first Council gathering took place on March 4 at the Weill Education Center, where Ellen J. Scherl, M.D., and Felice Schnoll-Sussman, M.D., gave a joint lecture entitled "Gastroenterologist's Perspective: Advances in Digestive Health." The second event, on June 9, featured a timely presentation by Neal E. Flomenbaum, M.D., and Eliot J. Lazar, M.D., on "Striking Back at Bioterrorism." The Council convened for the third time in 2003 on September 22 to hear a talk on "Healthy Sex at Any Age" by Barbara Bartlik, M.D., and John Mulhall, M.D. The success of these events can be credited to the Membership Committee, led by Lynne Manning, and the Program Committee, chaired by Paul Cohen.

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PATIENT CARE

Patients Discharged (including neonatal)	81,935
Newborn	13,803
Psychiatric	
Payne Whitney Clinic	1,235
NewYork-Presbyterian/Columbia	1,608
Westchester Division	3,477
Total	**102,058**
Patient Days, All Divisions (including newborn)	707,657
Visits to Day Hospital (ambulatory surgery)	43,521
Visits to Outpatient Clinics	868,065
Visits to Emergency Facilities	181,023

DISTRIBUTION OF BEDS

Medical/Surgical	1,566
Pediatrics	131
Maternity	122
Nursery	111
Psychiatric	467
Total	**2,397**

SERVICES TO PATIENTS

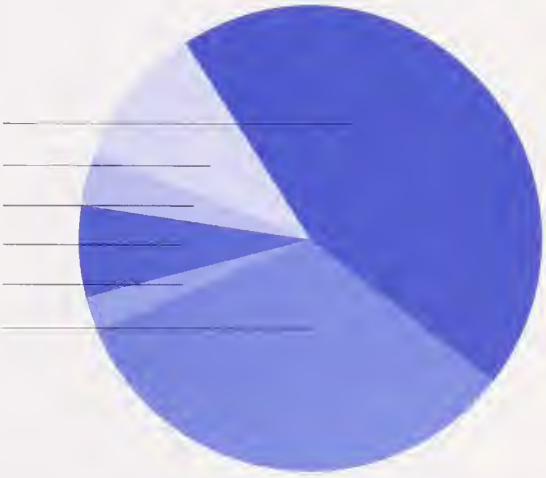
Laboratory	8,162,384
Blood Bank	331,483
Radioisotopes Services	18,178
X-ray Procedures	463,145
Operations	52,343
Deliveries	11,838
Electrocardiograms	199,307
Electroencephalograms	30,200
Therapy Treatments	
(Physical, Occupational)	289,934
Transfusions	85,614
Average Number of Full-Time Employees	13,892

REVENUES AS A PERCENTAGE OF TOTAL PATIENT CARE AND OTHER REVENUES

Revenues	$ Millions	%
Net Patient Revenues	2,070.4	94.2%
Other Revenues	126.6	5.8%
Total Revenues	**$2,197.0**	**100.0%**

EXPENSES AS A PERCENTAGE OF TOTAL EXPENSES

Expenses	$ Millions	%
Salaries and Wages	963.0	44.6%
Employee Benefits	218.3	10.1%
Provision for Bad Debts	73.7	3.4%
Depreciation and Amortization	141.6	6.6%
Interest	54.6	2.5%
Supplies and Nonsalary Expenses	708.3	32.8%
Total Expenses	**$2,159.5**	**100.0%**
Gain (Loss) from Operations	**$37.5**	



Note: The Hospital also expended $63.6 million in Charity Care.

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The Auxiliary of today is so proud to have provided a second three-year scholarship for junior faculty at the Center for Women's Health. This will enable the fourth, fifth and sixth scholarship recipients to pursue research. We have now distributed $300,000 in scholarship funds.

We have continued our commitment to assisting departments and programs throughout the Medical Center, including:

- Funding for the Department of Social Work/Rehabilitative Medicine for appropriate clothing for over 350 patients in need
- Funding of lectures to educate social workers, as per the Anna Ball Kneeland Fund
- Provisions for volunteers in the Trained Liaison Comforter program in ICU and Same Day/ Ambulatory waiting areas
- Support for the Milbank Library
- Scholarships for Medical Center nursery school children
- Free magazines for patients
- Free parking for all volunteers and auxilians
- Funding for The Allen Pavilion's community outreach programs for seniors
- Support for Artists Unite therapy for all cancer patients

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The Auxiliary continued its mission of volunteering support services for the benefit of the NewYork-Presbyterian Hospital/Weill Cornell Medical Center by funding many and various projects. Highlights include:

- Flowers for our chapel
- Computer program for the Child Life Department
- Continuation of art classes for senior citizens
- Information booklets for the Volunteer Department

Our ongoing educational lecture series provided our members with informative presentations on the doctor-patient relationship, plastic surgery and the Women's Health Center. Our Babies' Alumni Program continued its remarkable growth.

Members of the Auxiliary of both centers also participate in the United Hospital Fund and Hospital Association of New York.

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Volunteers continue to be an integral part of this organization. Over 1,878 men and women of all ages and from all walks of life joined together to serve as volunteers during 2003. Serving in areas such as the Emergency Departments, Child Life, the Gift Shop, Patient Library, Nursing Units, Interpreter Services, Hospital Elder Life Program (HELP), Information Desk, Domestic and Other Violence Emergencies (DOVE), Reach Out and Read, Silver Spoons, and as Trained Liaison Comforters (TLC). They have helped enhance quality care for our patients and their families, while enhancing and supporting the work of the Hospital. Hours served totaled 219,216.

The Interpreter Services Program continues to grow exponentially as our patient population becomes increasingly diverse. The department provides interpreters who facilitate communication between health care providers and the LEP (Limited English Proficient) population, visually impaired, and deaf and hard of hearing. Patients and their families from diverse cultural backgrounds are treated with cultural sensitivity. Special consideration is given to an individual's values, customs, spirituality and religious beliefs. In 2003, the department responded to 29,908 requests across all sites.

NewYork-Presbyterian Healthcare System

Board Leadership, Senior Management and System Members
(as of April 2004)

Comprising 34 general acute-care hospital sites in New York State as well as Northern New Jersey and Connecticut, 14 skilled nursing facilities, and numerous other ambulatory and specialty providers, the NewYork-Presbyterian Healthcare System is one of the largest systems in the United States. Established by NewYork-Presbyterian Hospital, its mission is to increase access to high quality care, foster quality improvement, promote professional and operational excellence, and support the mission of its academic partners. The System currently serves nearly one out of every four patients seen in the greater New York metropolitan area.

NewYork-Presbyterian Hospital and its clinical service lines play an increasingly important role in expanding the scope of medical and surgical services offered at System institutions. Most general acute care members are also affiliates of one of two medical school partners: Columbia University College of Physicians & Surgeons and Weill Medical College of Cornell University. The activities of the System are overseen by a Board, which includes members from the NewYork-Presbyterian Board and chairpersons from selected member institutions. Listed here are key System leadership and members.

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The James Lenox Society is a dedicated circle of friends helping to improve the future of health care delivery at NewYork-Presbyterian Hospital/ Columbia University Medical Center. Membership is extended to donors whose unrestricted contributions total more than $1,000 throughout the year. These leadership gifts allow the Hospital to provide the highest levels of quality in patient care, clinical services, and medical advances. In recognition of their partnership, Society members enjoy a broad range of privileges and benefits from NewYork-Presbyterian Hospital. The James Lenox Society creates a rare and profound opportunity to become an insider – an active partner – in advancing medicine. We would like to thank members of the James Lenox Society for their generous and continued support.

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Partners in Medicine honors the special generosity of contributors who make an annual gift of $1,000 or more to NewYork-Presbyterian Hospital/Weill Cornell Medical Center. As a Partner in Medicine, you are part of a proud tradition of caring and distinguished leadership that enables NewYork-Presbyterian Hospital to serve millions of men, women and children with the best inpatient care, biomedical research, medical education and community outreach. Partners are among the first to hear about exciting breakthroughs in research conducted at our medical center and are invited to exclusive gatherings to meet some of the world's finest researchers and physicians in medicine today. We are especially grateful for your help in advancing medical research and treatment.

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Gifts can be made in cash, securities, or other property, and can take many forms: an outright gift, pledge, bequest, or various life income arrangements (trusts, pooled income funds, or gift annuities). Support can be designated for specific purposes, or can be unrestricted, which gives NewYork-Presbyterian Hospital greater flexibility in planning and administering programs in patient care, education, and research. Gifts to NewYork-Presbyterian Hospital may be directed to either NewYork-Presbyterian Hospital/Columbia or NewYork-Presbyterian Hospital/Weill Cornell, or both. There are many options for naming opportunities and public recognition of gifts at the Hospital.

NewYork-Presbyterian Hospital is a qualified not-for-profit institution which receives major support from private philanthropy. Gifts to the Hospital by individuals, foundations, and corporations are exempt from income, gift, and estate taxes to the extent of and in the manner provided by federal and state laws. If you are considering making a bequest, you may wish to share the following language with your advisors:

"I give, devise, and bequeath to NewYork-Presbyterian Hospital, a corporation created under the New York State Not-for-Profit Corporation Law and located in New York City, New York, the sum of $_____ (or description of the property) to be used for the general corporate purposes of NewYork-Presbyterian Hospital as its Board of Trustees shall determine."

The Office of Development welcomes the opportunity to tell you more about the Hospital's numerous programs and activities, and to consult with you and your advisors about various gift ideas. For further information, please contact:

Marc Krause
Director of Planned Giving
NewYork-Presbyterian Hospital
525 East 68th Street, Box 123
New York, NY 10021
(212) 821-0512
mak2009@nyp.org

Director of Development Operations
NewYork-Presbyterian Hospital
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NewYork-Presbyterian Hospital is grateful to the many generous benefactors and friends who help us to defeat disease and heal our patients. Through your gift to NewYork-Presbyterian, we can support important patient care programs, develop new services and continue to excel as a major academic medical center. Thank you for your support.

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